

**School of Community Economic Development
Southern New Hampshire University**



**A Pilot Program
For
Low – Income Homeowners**

Submitted in
Partial
fulfillment of
requirements
for the Masters
of Science in
Community
Economic
Development

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Signature

of Approval

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Abstract

The Weatherization, Rehab and Asset Preservation (WRAP) Pilot Program for 503 households located in 4 specific census tracts of West Brighton, was developed whereby low-income homeowners will enjoy lowered energy cost through increased energy efficiency and reduced energy consumption in their homes, resulting from WRAP education, weatherization or rehabilitation.

The Pilot was administered under the auspices of Neighborhood Housing Services of Staten Island, Inc. (NHSSI). The organization has many programs and services geared toward pre and post-purchase housing, as well as home maintenance and safety, which were used to complement this pilot. NHSSI offers Homebuyer Education, Mortgage Facilitation, Mortgage Restructuring, Financial Fitness, Home Maintenance Training Programs, Landlord Training, Insurance Education, Low-Interest Home Improvement Loans and Grants.

Operating costs totaling \$200K was granted by the Ford Foundation - \$100K, SI Bank & Trust Foundation - \$50K and BNY Mortgage - \$50K. An additional \$1M was set aside as bricks and mortar funds.

NHS evaluated the success of the program by evidence of (a) increased asset value of participants' homes, (b) homes brought up to code, (c) reduced cost of home maintenance and monthly energy bills, thereby increasing discretionary income and (d) improved appearance and conditions of targeted neighborhood.

Executive Summary

NHS of Staten Island (NHSSI), founded in 1982, was established as a response to the growing demand for rehabilitation services and community revitalization in Richmond County (Staten Island). As a community-based, not-for-profit organization focused on stabilizing and revitalizing surrounding communities by preventing further deterioration in low- and moderate-income neighborhoods, NHSSI stepped up to the

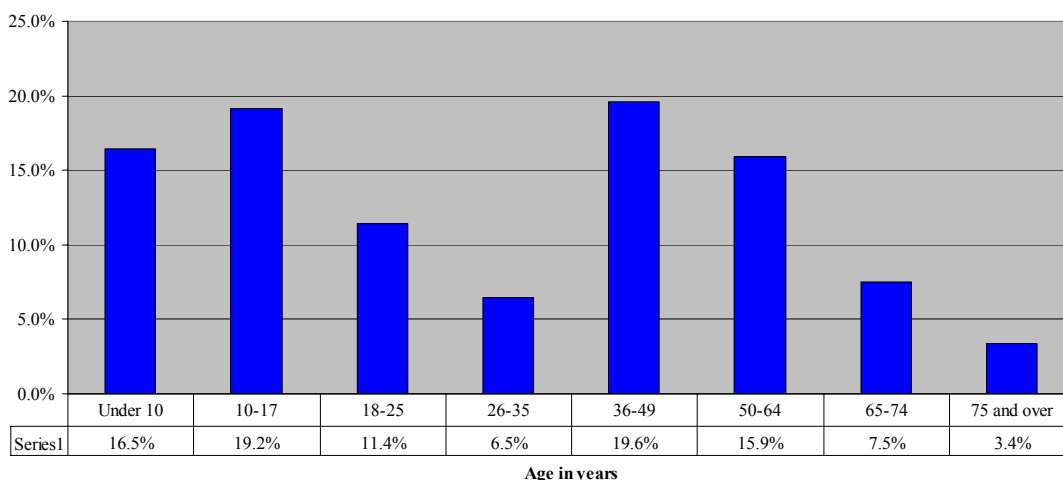
challenge. NHSSI developed programs utilizing low-interest home improvement loan products targeted to qualified homeowners residing in communities spread throughout the borough of Staten Island. Increasing demand for affordable mortgage products and homeownership education prompted the organization to expand its array of educational services and loan products. NHSSI embarked on developing and implementing programs encompassing Homeownership Counseling/lending, Home Maintenance Training workshops, Homebuyer Clubs, the Water Loss Prevention Pilot Program, and expanded our Home Improvement line of affordable loan products.

The inclusion of the WRAP Pilot as a complement to NHSSI's core programs was designed to benefit the target market by increasing the discretionary income of participating individuals/families by affording them the opportunity to lower their utility costs. WRAP helped to strengthen low-income homeownership opportunities, increased the appraised value of participating homeowners' properties and expanded NHS' network of resources through effective partnerships with other organizations. NHS developed the educational curriculum, created a Marketing Plan, formed sustainable partnerships and integrated WRAP into its core programs.

Community Needs Assessment

The target communities have many homes owned by older residents, who are on fixed incomes. The housing stock has many outdated, energy inefficient appliances or HVAC systems that generate costly energy bills. These unnecessary costs can negatively impact on homeowners' ability to keep or maintain the homes that they own.

Age of Population



According to the 2000 Census, there were 443,728 people on Staten Island, a 17% increase since the last census in 1990; the population for Community Board 1^a – where Wrap target communities are located - increased 18% in the same period^b. The North Shore tends to be more densely populated, with a higher rate of non-white residents and a higher incidence of poverty and public assistance than the rest of the borough.

Staten Island has the highest homeownership rate, 64%, of any borough in New York City, according to the 2000 Census, with nearly 100,000 owned units out of 156,000 total occupied units. Moreover, a substantial percentage of those homeowners are over age 60: 21%, with an additional 18% between ages 55 and 64^c. NHS Staten Island already caters to the needs of elderly homeowners living in housing stock that tends to be more than 40 years old.

The age of the housing stock creates a need for housing rehabilitation for functionality, but many seniors on fixed incomes cannot afford the necessary improvements that keep their homes habitable. Additionally, as mentioned before, many of the homes contain energy inefficiencies that could be addressed through WRAP education, loans and grants. NHSSI already has a relationship with the target audience based on our history of providing education, grants and loans for emergency repairs and long-term improvements to customers who generally have fixed incomes. In addition, much of the recent population growth in Staten Island reflects an immigrant population: 20% of the population of the North Shore is foreign-born^d. Homeownership is typically an important part of immigrant culture.

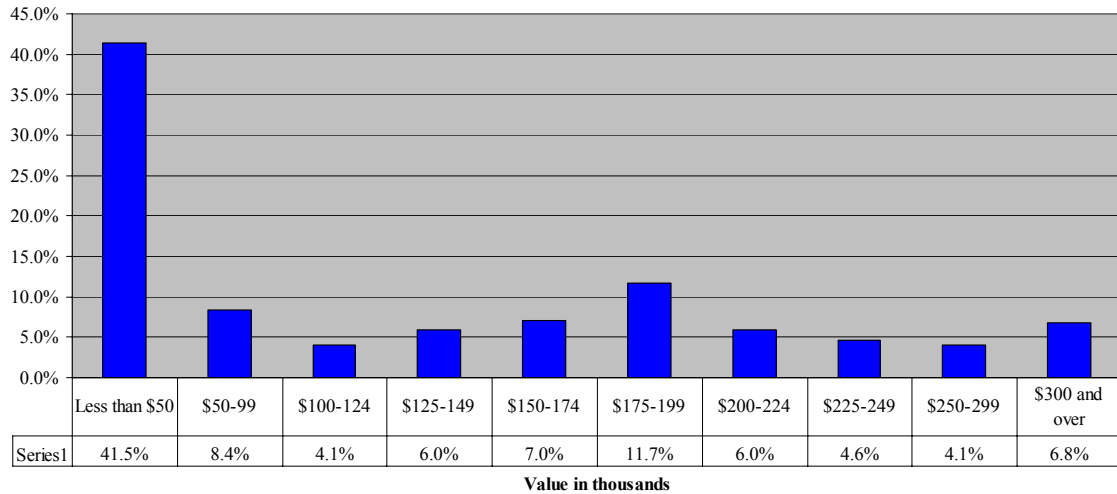
^a www.Census.gov U.S. Census Bureau, 2000 (visited October 10, 2003)

^b www.Census.gov U.S. Census Bureau, 2000 (visited October 10, 2003)

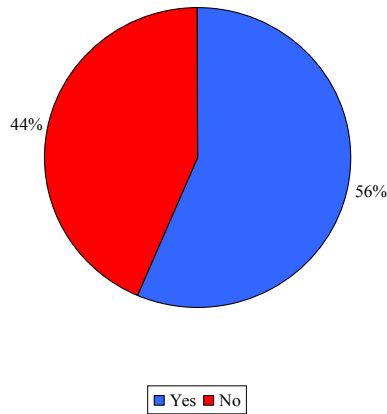
^c www.Census.gov U.S. Census Bureau, 2000 (visited October 10, 2003)

^d www.Census.gov U.S. Census Bureau, 2000 (visited October 10, 2003)

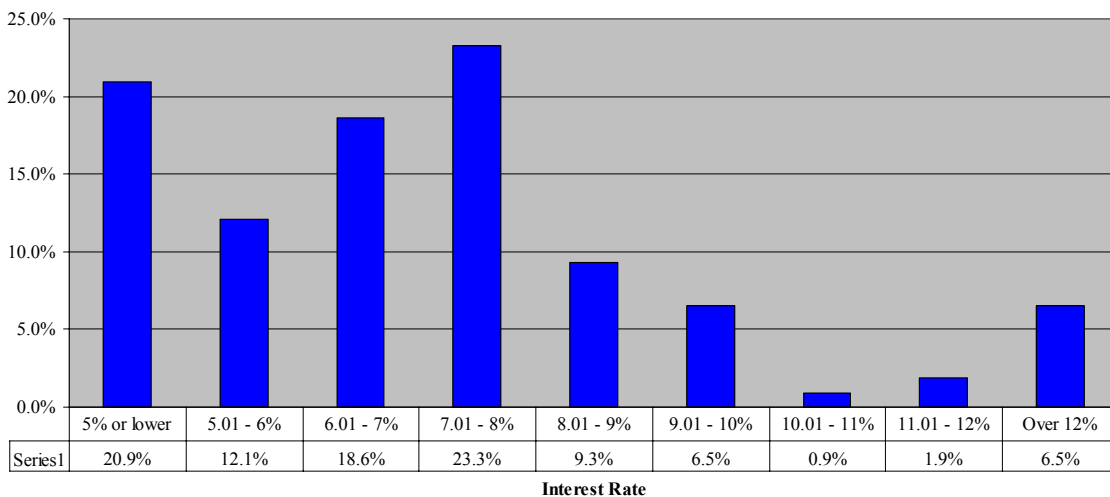
Housing Unit Value



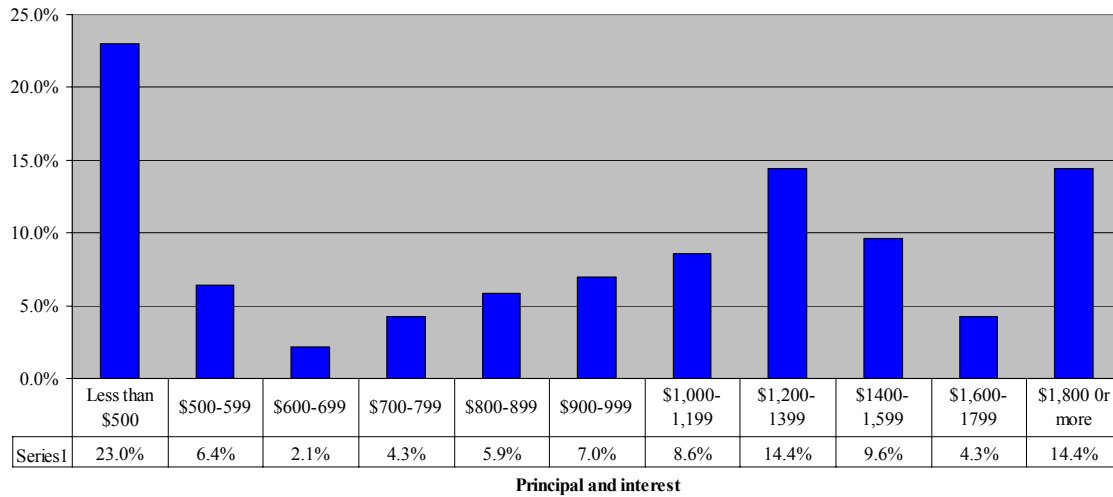
Housing Units with Mortgage(s)



First Mortgage Interest Rate



Mortgage Payments



Problem Statement

As a result of the housing stock and its energy inefficient appliances, heating and cooling systems, low-income homeowners continue to have costly energy bills which negatively impact disposable income. In addition, many also have lead paint and other rehab-related problems and safety hazards. Predatory lending practices have increased, as well as foreclosures, leading to displacement, abandonment and a decline in the economic conditions of these now thriving communities.

Many of the individual programs supporting the goals of the WRAP Partnership currently exist. However, they are often administered by different federal, state and local agencies. These programs have complex and often contradictory application requirements, and rarely reach the intended recipients in a coherent and client-friendly manner.

Demographics specific to the target area:

Census Tract #	# of owner-occupied homes	% Below Poverty Line	% Minority in Tract	Tract % Median Family Income	Owner-occupied homes with income below \$50K	Median year houses built
125	539	15.79%	46.66%	129%	170	1940
207	600	28.89%	78.27%	87%	160	1939
219	143	44.51%	55.01%	58%	48	1939
133.02	373	15.99%	77.62%	85%	125	1939

The demographics in the chart above show the total number of homeowners in the 4 census tracts targeted. Of this group 503 (owner occupied homes with income below \$50K) are being targeted by WRAP. Note the high percentage of minority residents in tracts.

Stakeholder Analysis

NHS will collaborate with 3 other Community Based Organizations as well as 3 private companies, bringing our collective resources together to execute a new and holistic approach to community stabilization and revitalization. These organizations are:

The Northfield LDC, another CBO in the community, has funds from the Department of Housing and Community Renewal (DHCR) and Department of Housing Preservation (HPD), specifically for Weatherization Grants. This group is a potential partner as they already administer that program. NHS will also partner up to distribute combined \$\$ when jobs are larger (like roofs). My project differs in that NHS will cover Rehabilitation as well as the client's all-round needs such as financial fitness, foreclosure intervention, etc. Additionally, NHS has its own Construction Services Department to oversee contractor delivery services.

RSVP/SERVE is a CBO, which trains volunteer seniors and places them in organizations where they can carry out the organization's mission to help low-income, residents and senior citizens access available social services. Volunteers fill out, submit and follow-up on pending applications. One will be placed on site at NHSSI.

Richmond Senior Services is a CBO, which offers a monthly food pantry to low income persons within community board #1. The organization also offers facilitation or matching of seniors with paying roommates in order to reduce living expenses and provide companionship. Qualified participants of WRAP who demonstrate a need will be referred to RSS.

Neighborhood Housing Services of New York City Inc. (NHSNYC) is NHSSI's parent organization. They administer our loan portfolio. Construction Services, Grants, Inspections, Resource Development and Accounting are all centralized through NHSNYC.

Ford Foundation funds the program by offering a 5-year challenge grant at \$100K per year.

The Energy Programs Consortium (EPC) administers the program in 7 pilot sites around America and provides access to peer-to-peer technical assistance and best practices.

University of North Carolina at Chapel Hill (UNC-CH) evaluates impact for reporting, replication and outcome measurements.

Project Goals

WRAP's goal, "is to develop an innovative approach to increasing asset value for low income homeowners by linking housing affordability and weatherization programs. Both areas have the potential to play a greater role in helping low-income families increase the value of homes and neighborhoods through combined renovation and weatherization" (Energy Programs Consortium, January 2003, p. 1).

Another key goal of the WRAP partnership is to develop new delivery systems combining energy efficiency and housing renovation programs to help increase the affordability of home ownership for low-income households and avoid high-cost repairs through on-going maintenance.

WRAP is also designed to address an increasing opportunity, as well as a need to help new low-income homeowners afford the cost of homeownership. While federal, state and local programs have dedicated an increasing amount of resources to these families to help them purchase homes, few resources have been applied to address the ongoing costs of homeownership.

A unique facet of WRAP is its holistic approach to housing affordability. The client's entire situation, both economic and social will be analyzed and addressed by relevant participating agencies teamed up for this Pilot.

Project Objectives

- Educate 50 persons on the positive effects of weatherization and energy efficiency
- Renovate/weatherize 15 homes
- Facilitate the upgrade of 5 insurance policies
- Complete 20 home inspections

By May 2005, WRAP aims to help 40 low-income families increase the value of their homes through combined renovation and weatherization.

Community

The community will benefit from WRAP on 3 levels. They are the Individual Level, the Community Level and the benefit of the Funders/Community Based Organizations.

Individual Level

- Reduced monthly housing payment – utilities etc.
- Equity Financial stability
- Stable predictable housing Better homes
- Sense of security Sense of ownership
- Self-esteem Family stability

Community Level

- Better neighborhood
- Home improvements
- Increased property value
- Decreased crime
- Increased availability of services
- Increased community activism

Funders/Community Based Organizations

- Documented model/template of Pilot
- Successful integration of established resources
- Valuable, community-based partnerships
- Increased community resident leadership
- Innovative approach to increasing asset value for low-income homeowners by linking affordability and housing programs

Project Design

Review of the Literature

There are many proven weatherization programs and program research reports in support of this topic.

Deductive research has already been carried out to prove my hypothesis.

“Premise”

If energy usage/cost is lowered by increasing the energy efficiency in their homes, either through education, weatherization or subsidy, low income homeowners would find it easier to maintain their homes, thus enjoying less stress, better mental health, more disposable income and reduced risk of becoming victims of predatory lending practices.

My search naturally took me to reports and publications where the hypotheses were similar and implemented programs were almost identical. One major difference was that energy bills are higher in NY. This serves to support my deduction that this particular program is necessary in this county. Studies repeatedly show that the Weatherization Assistance Program enables low-income families to permanently reduce their energy bills by making their homes more energy efficient. Additionally, by reducing the bills instead of offering aid, weatherization reduces dependency and frees up funds for spending in more critical areas.

One of many sources that supported the need for this service is a report called New York Energy Smart Program: Evaluation and Status Report, to The System Benefits Charge Advisory Group, Initial three-year Program Report put out by NYSERDA, (January, 2002). They reported that although resources in the community existed for consumers to lower their energy bills, there was no significant response to ads until the targets were directly approached and educated through a community program. WRAP will not only connect residents to available resources in the community, it will also create new resources to meet the needs of this group, such as grants, low-interest loans, Home Maintenance Training Workshops, energy-smart education, referrals and technical assistance.

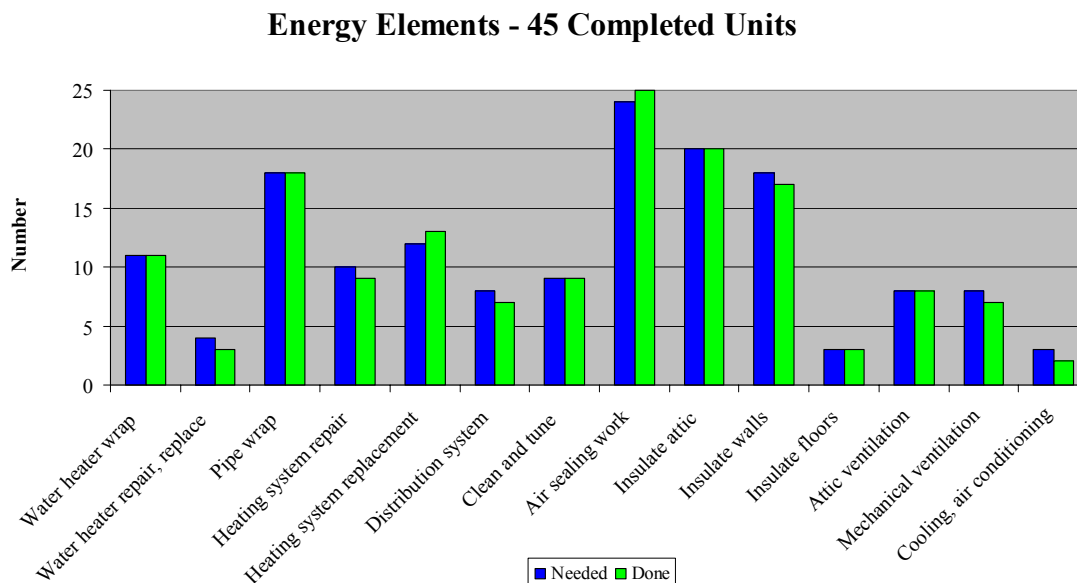
“The Oregon Energy Assistance Program Evaluation” (Khawaja, Baggett, Quantec, LLC, January, 2003) detailed a research project similar to WRAP in many ways. The outcomes of that program are similar to the outcomes expected of WRAP. Several other publications, books and web site researches yielded many such similarities and confirmed my assumption that there is available data out there that I could use.

Some showed how homes deteriorated due to lack of affordability for repairs and that “low-income owners often are trapped” (Louie, Belsky, and McArdle, August 1998, p. 3). The publication also illustrated how homeowners were caught between the high cost of repairs and the high cost of utility bills, thereby demonstrating a need for the WRAP program.

According to “The Social Benefits and Costs of Homeownership: A Critical Assessment of the Research,” Low Income Homeownership Working Paper Series LIHO-01.12, (Rohe, Van Zandt and McCarthy, October, 2001 p. 9) “mortgage indebtedness can lead to insecurity, anxiety and fear,” demonstrating that although homeownership is a positive move, negative impacts are there. Systems such as WRAP, needs to be put in place to alleviate pitfalls.

“Mounting debt and foreclosures shadow homeowners” (Pitcoff, 2003, p.3) adds to the whole picture of the existing problem and again reiterates the same solution. Significant costs with limited resources continue to overshadow the American Dream.

The Charts and tables below represent a set of data and findings reported by UNC-CH based on site visits and evaluation of 45 completed units in Chattanooga, Dorchester, Freeport, Gloucester, Hartford, and Rio Grande City. These are 6 of the other 12 sites in the WRAP Pilot Program.



Status as of June 30, 2004

Site Intakes		Inspections	Completed
Chattanooga 21		19	14 (74%)
Dorchester 19		18	1 (6%)
Freeport 104		79	14 (18%)
Gloucester 18		16	8 (50%)
Hartford 51		15	8 (53%)
Rio Grande City 139		27	0 (0%)
Total 342		174	45

Funding Sources – Completed Units

Site Com	Completed	Combined	Rehab only	Weatherization only
Chattanooga 14		4	7	2
Dorchester 1		1	0	0
Freeport 14		13	1	0
Gloucester 8		8	0	0
Hartford 8		0	7	1
Rio Grande City	0 0		0	0

Most units utilized a combination of funding sources.

Funding Type – Completed Units (most units have more than one source)

Site Com	Completed	Rehab Grants	Rehab Loans	Weatherization Grants	Weatherization Loans
Chattanooga 14		2	23	0	9
Dorchester 1		1	0	1	0
Freeport 14		0	17	13	0
Gloucester 8		0	13	22	0
Hartford 8		3	4	1	0
Total 45		6	57	36	9

Most units utilized multiple Rehabilitation Loans and Weatherization Grants. Of the 45 units evaluated, only 9 units – all of them in Chattanooga – utilized Weatherization Loans. As evidence of need, the evaluation showed that 57 Rehabilitation Loans were granted to complete 45 units.

Funding Level – Completed Units

Total per category

Site	Rehab Grants	Rehab Loans	Weatherization Grants	Weatherization Loans
Chattanooga	\$10,445	\$331,105	\$0	\$10,938
Dorchester \$	6,000	\$0	\$2,735	\$0
Freeport \$0		\$220,700	\$78,850	\$0
Gloucester \$0		\$319,570	\$36,833	\$0
Hartford \$6,000		\$44,864	\$4,588	\$0
Total \$32,445		\$916,239	\$123,006	\$10,938

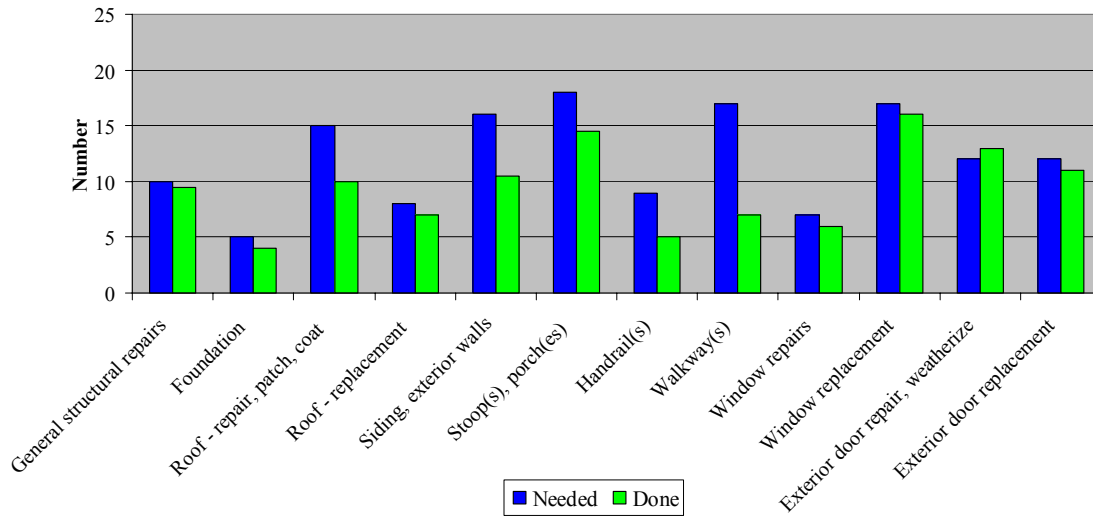
This information was important as the question of how to address issues around cost vs. affordability became a problem that almost paralyzed the project. NHSSI had to establish a grant pool to assist this financially challenged group. In preparing a budget, the findings of these other Pilot sites that began one year prior, was reviewed in order to establish trends and forecast cost of construction per unit rehabilitated.

Funding Level – Completed Units

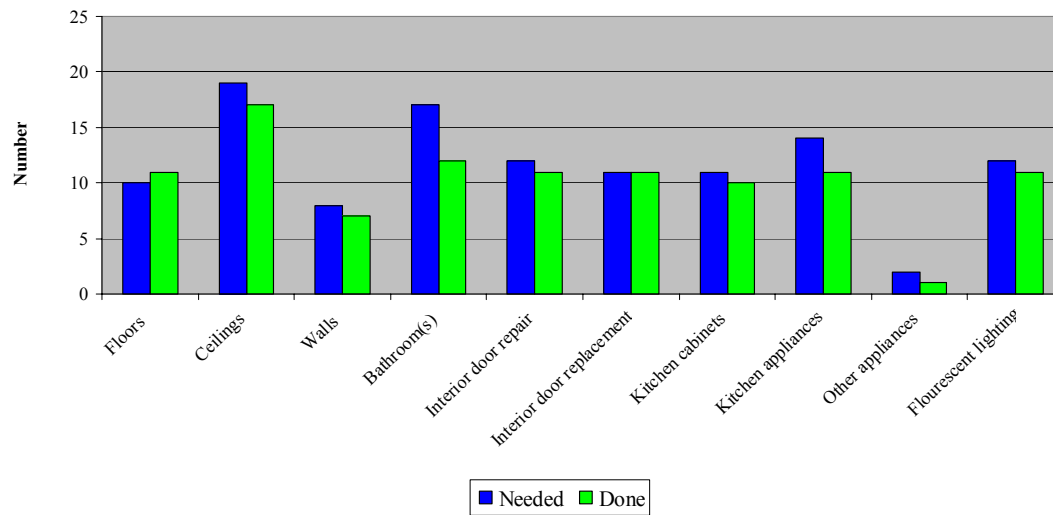
Average per unit

Site	Rehab Grants	Rehab Loans	Weatherization Grants	Weatherization Loans
Chattanooga	\$5,223	\$14,396	\$0	\$1,215
Dorchester \$	6,000	\$0	\$2,735	\$0
Freeport \$0		\$12,982	\$6,065	\$0
Gloucester \$0		\$24,582	\$1,674	\$0
Hartford \$2,000		\$11,216	\$4,588	\$0
Total \$5,408		\$16,074	\$3,224	\$1,215

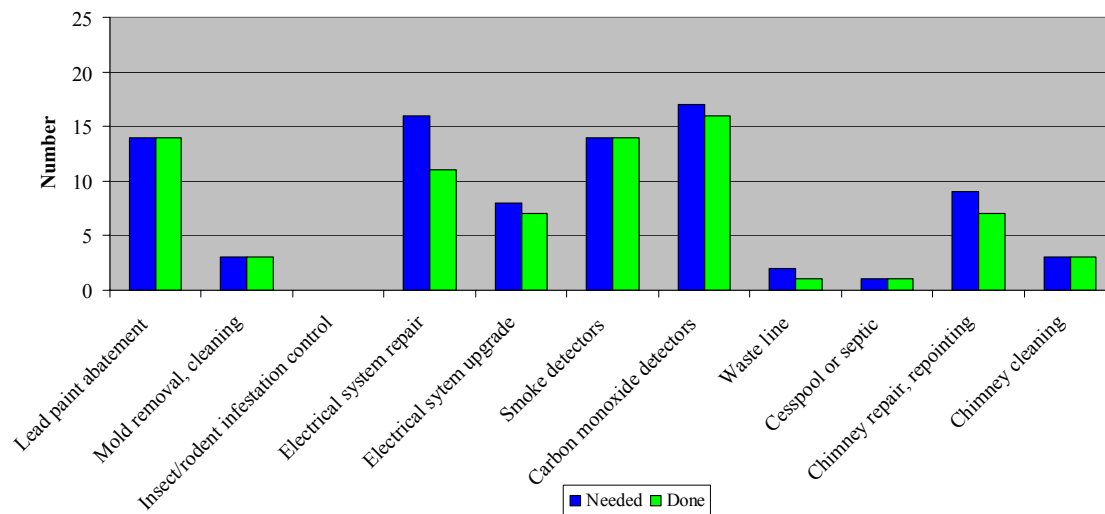
Exterior Elements - 45 Completed Units



Interior Elements - 45 Completed Units



Health & Safety Elements - 45 Completed Units



Program

NHSSI proposes to develop a Weatherization, Rehab and Asset Preservation (WRAP) Pilot Program to provide education for residents in West Brighton, Staten Island. Of this group 503 low-income homeowners will have the opportunity through WRAP to enjoy lowered energy cost by increasing the energy efficiency in their homes, either through education (self-sufficiency), weatherization or subsidy. This would increase disposable income and reduce the risk of their becoming victims of predatory lending practices or losing their homes to foreclosure. The initial assumption was that funding would only be needed to cover operating expenses. However, the literature search showed that a large grant pool is critical to the success of the pilot.

Participants

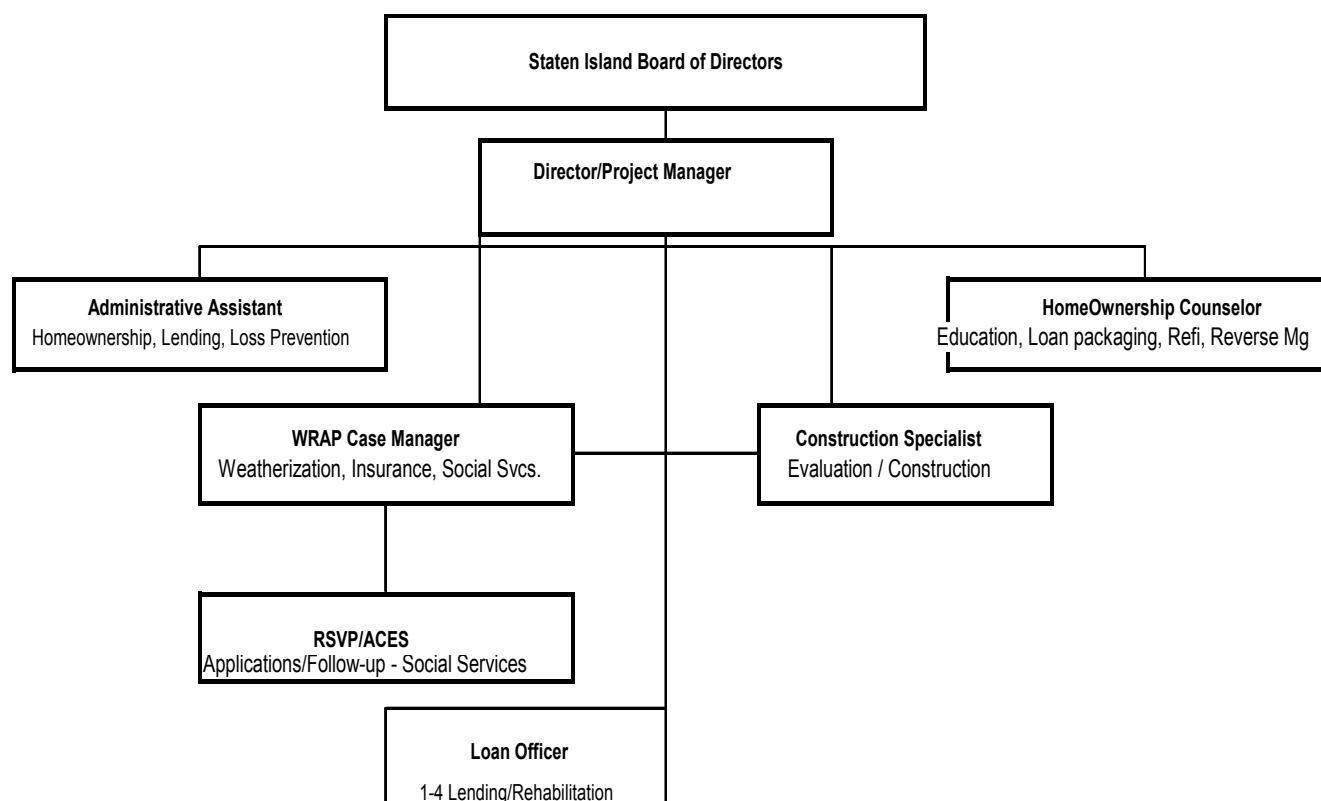
There are 1,655 owner-occupied, 1-4 family homes in Census Tracts #0125, #0207, #0219 and #133.02. This total amount will be eligible for education through WRAP. Of the 1655 owner-occupied homes, 503 homeowners make less than \$50,000 yearly^e. This group earns 80% median income and below and are eligible for all programs administered through WRAP.

Community Role and Host Organization

The project is located in the middle of the community to be served. NHSSI is a resident-led organization, whose board is comprised of 60% residents of the target communities, 35% funders representing local and regional banks, insurance companies etc. and 5% funders representing the state on the issue of anti-abandonment. Resident members are leaders of their respective communities who are stakeholders that actively participate in the social and economic growth of their neighborhoods. Some of these residents are lawyers, ex-clients of NHS, presidents of block associations, etc. NHSSI also has a huge volunteer base throughout the community who frequently brings housing issues to the table to be addressed by the organization.

^e www.Census.gov U.S. Census Bureau, 2000 (visited October 10, 2003)

Organizational Chart



Director

Board of Directors
NHS NYC
Government Reports
Executive Committee
Finance Committee
Fundraising/ Grants Management
Government/Community relations

Fiscal management & reporting
Citywide Financial Services

Loan Officer

1-4 Lending
Financial Counseling
Home Improvement Loans
Loan Committee

WRAP Coordinator

Weatherization
Social Services
Loss prevention
Home safety
Education, Inspections
Insurance Committee

Construction Specialist

Inspections
Construction Compliance
Work Scopes
Construction Services

Administrative Assistant

Office Management
Daily Cash Receipts
Daily Cash Disbursements
Banking
Board signatures/ reports
Citywide Financial Services

Marketing Coordinator

Presentations
Flyers
Mailings
Brochures
Newsletters
Press Releases, PSAs
Marketing Committee

RSVP/ACES

Social Service Applications
Follow up
Feedback to Case Manager

It is NHS' belief that an organization that is resident-led will understand the needs of the community and have access to information on how best to satisfy those needs. NHS has programs that continuously evolve based on feedback from families, individuals & staff.

Thus, NHSSI already has a relationship with the target audience based our leadership and composition and on our history of providing education, grants and loans for emergency repairs and long-term improvements to customers who are generally low-income.

“Neighborhood-level community institutions, both non-profit and public have had drastic impacts on private investments. Neighborhoods with active churches and neighborhood organizations that work toward the constructive development of their community act as beacons to developers and investors. Further good schools, both public and private are an essential factor in the potential location of new business” (Blakely, 1994, p. 52). NHSSI and its target neighborhoods possess all of the above attributes. Hence the social environment should be very conducive to this undertaking.

Method

NHS staff and volunteer base bring community-organizing skills, established relationships and a deep root in the community to the table. NHS also boasts 21 years of successful community service and collaboration within the target community. As a resource NHS underlines the sentiments expressed by Lisbeth Schorr when she wrote that, “support centers are more likely to accomplish their purpose if they were shaped by local communities to reflect local needs and strengths” (Schorr, 1997, p. 78). NHS’ is a community-led organization. NHSSI has many programs and services geared toward pre and post-purchase housing that complement this pilot. We offer Homebuyer education, financial fitness, home maintenance training programs, landlord training, insurance education, grants, low-interest loans and 68 beds in a community garden, where community members socialize and plant vegetables.

- NHS marketed the program through grassroots marketing as well as the media and at local events
- All prospects were offered the opportunity to attend the educational workshops and have their insurance policies read by a qualified agent
- All prospects were offered a free home evaluation which was used as an opportunity to reinforce the information given in the educational workshop
- An intake questionnaire was filled out to determine clients’ needs and eligibility concerning grants, loans, social services, HEAP, etc.
- All activities were recorded by the WRAP Coordinator and processed by UNC-CH

Related Programs & Services Analysis

Existing programs at NHS that are related to WRAP are:

- Senior Certificate Grant Program (Senior Grant)
- Loss Prevention Program (LPP)
- Home Maintenance Training Program (HMTP)

All of the above programs are directed toward homeowners earning 80% of median income or below, except for the Senior Grant program. It is geared toward owners of single-family homes who earn 60% of median income or below. Targets can reside anywhere in Richmond County, which is inclusive of the WRAP service area.

Senior Certificate Grant Program

The Neighborhood Reinvestment Corporation (NRC), the Staten Island Bank & Trust (SIB&T) Foundation and the Richmond County Savings Foundation (RCSF) fund the Senior Grant program.

The Senior Grant Program is related to WRAP in that seniors can access these grant funds for all emergencies including water-main breaks, broken stoop, replacement windows, roofs, boilers and all hazards related to health and safety. Maximum grant amount is \$2,500 per person. The total funds available on a yearly basis range from \$30,000 to \$50,000. Funds will include WRAP issues based on preliminary discussion with funders.

Loss Prevention Program (LPP)

The Ford Foundation and the National Insurance Task Force (NITF), a coalition of regional and national insurance companies, fund the LPP.

The LPP is the most closely related of the three to WRAP. It is designed to teach customers to how to prevent loss associated with their property before it happens, through education and home inspections. It addresses all aspects of safety. Some of the topics addressed are prevention of losses due to fire, water, wind and theft and how to use homeowners' insurance as a protective tool. Many of the issues addressed are similar to those of WRAP. They safety, budget (fewer losses means fewer claims and maintains insured status) and weatherization

– adequately insulated homes are less vulnerable to damage and cost of heating and cooling are minimized. A loan fund is provided through NHSA in the amount of \$100,000 per year. Additional funding can be accessed if this loan pool runs out. WRAP target area is included in this fund.

Home Maintenance Training Program (HMTP)

Local and regional banks and the NRC fund the HMTP. The HMTP is an excellent venue for WRAP, as attendees are generally homeowners who have limited funds, are handy, care about home maintenance and are willing and able to address existing issues. Local and regional banks subsidize tuition for the course in the amount of \$20,000 annually. Cost to client is \$125.00 per 10-week course. WRAP is part of the service area covered by this program.

Each of the above-mentioned programs are sustained through grants made annually to NHSSI

Products and Outputs

- Increased discretionary income as a result of lower energy costs
- Reduced fire, mold and other home safety hazards, thereby lowering insurance costs
- Increased asset value of homes as a result of rehabilitation and energy efficiency improvements
- Developed resources for improving the neighborhood's appearance and condition
- Strengthen home ownership as a predicate to strengthened asset formation in neighborhoods.

Implementation Plan

Many homes purchased in the targeted communities have outdated and energy inefficient appliances and heating/cooling systems. As a result, many of these families are at risk of losing their homes because significant portions of their income go toward the payment of utility bills and not toward the mortgage payment. Many families are also at risk of losing their homes because they cannot afford to address their ongoing home repair, safety and maintenance requirements. WRAP is a comprehensive approach to maintenance, rehabilitation and social service programs with energy improvements.

Proposed Structure of Program Activity

- Submit proposals, acquire \$100K matching funds – CMD / Resource Development – Completed 50% 6/04 and 50% 12/04.
- Acquire Revolving Loan Fund Pool of \$1M – CMD / Director of Lending NHSNYC – Completed 3/04.
- Hire and train WRAP Coordinator and integrate WRAP into existing/supporting programs – CMD Completed 6/04.
- Outreach/Contact: The Marketing Coordinator – Completed 6/04.
- Assessment for program eligibility based on geography and income. This information will be verified by the Case Manager through examination of utility bill (geography) and W2 (income) – At Initial Intake – Began 7/04.
- After geography and income guidelines are met Case Manager sets up appointment for official intake (home visit or office visit) and give client document checklist in preparation for Intake Questionnaire – Began 7/04.
- Case Manager completes Intake Appointment and analyzes information – Began 7/04; Ongoing.
- Case Manager in collaboration with Housing Specialist set appointment for and complete Home Evaluation – Began 7/04; Ongoing.

- After Home Evaluation client will receive an Energy Audit from Northfield LDC – Began 8/04; Ongoing.
- Northfield will make available an energy auditor to inspect WRAP-identified homes and provide a report on the needed work on the WRAP Individual House Rehab form. The auditor will be available for consultation to the WRAP team that discusses and determines the scope of work for each WRAP home
– Began 7/04; Ongoing.
- NHS will accept referrals from Northfield for prospects who qualify for WRAP and who can benefit from grants and other services not currently offered by Northfield. Likewise, should a WRAP client need services not available at NHS, Northfield will agree to provide these services within their capacity
– Began 10/04; Ongoing.
- Case Manager Analysis of findings from Intake Questionnaire and Home Inspection and Energy Audit – Began 8/04; Ongoing.
- Case Manager NHS/Northfield creates a Needs Assessment and Family Plan based on analysis – Began 8/04; Ongoing.
- Case Manager determines allocation of available resources accordingly
– Began 8/04; Ongoing.
- Case Manager in collaboration with Housing Specialist create a Work Schedule and target date for completion – Began 8/04; Ongoing.
- Case Manager has standardized monthly reports detailing all relevant aspects of the program to submit to UNC-CH and EPC – Began 7/04; Ongoing.
- Education, Finance & Support Services provided by NHSSI
– Began 6/04; Ongoing.
- Energy Audit & Rehab Construction – provided by Northfield Community LDC at market rate and inclusive of their available grants – Began 8/04; Ongoing.

Coordinator has standardized monthly reports detailing all relevant aspects of the program to submit to UNC-CH and EPC – Began 6/04; Ongoing.

Changes to Implementation Plan

- Based on results from other pilots and the sharing of “best practices,” NHSSI had to fundraise for a Grant Pool of \$100K in order to help the financially challenged make repairs to their homes associated with safety and code issues
 - CMD Completed 10/04.
- Implementation was scheduled to begin 3/04. Due to issues with the partnership between NHSSI and Northfield Community LDC, implementation began 7/04
- MOU was signed between Northfield and NHSSI which freed up \$50,000 which was due 6 months prior
 - Completed 12/04.

Personnel Involved

- WRAP Partnership Advisory Committee - Administration
- Other Pilots - Support and Networking
- Executive Director – Local program design and administration
- WRAP Coordinator – Overall implementation, reporting interviews and education
- Loan Officer – Application and processing
- RSVP/ACES Volunteers – Intake, application facilitation for social services eligibility
- Inspector – Home evaluation
- Marketing Coordinator – Markets the program
- Construction Services NHSNYC – Oversees contractor deliverables for quality, project specs etc.

Inputs

Outreach – Education – Home Inspections – Needs Assessment – Grants/Loans – Weatherization/Rehabilitation
– Evaluation.

Staffing Job descriptions attached

Loan Officer

WRAP Coordinator

WRAP Staffing and Job Descriptions

NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC. JOB DESCRIPTION

JOB TITLE:	Weatherization Rehab & Asset Preservation (WRAP) Coordinator		
REPORTS TO:	Executive Director	GRADE	2

The WRAP Coordinator coordinates, markets, provides and administers a comprehensive weatherization, rehab, home safety and social services program. He/She develops strategies to integrate NHS existing programs and services with the WRAP Pilot.

WRAP Coordinator – 100% of work hours

- Promotes the program via advertisement and mailings;
- Creates the advertisement and mailers with the marketing coordinator;
- Promotes the program through community grass roots efforts, meetings, and orientations;
- Prepares material for WRAP classes and meetings;
- Teaches the course material, keeps records of attendees, and prepares reports
- Contact and follow up of attendees;
- Coordinates home inspections and reports;
- Schedules guest speakers and discusses progress and ideas with Director;
- Attends WRAP meetings and trainings
- Input of client information;
- Schedules appointments for meetings and presentations;
- Prepares standardized monthly reports detailing program progress to UNC-CH and EPC.

1. The WRAP Coordinator brings educational resources to program participants and the organization for the Pilot.
 - STANDARD: The WRAP Coordinator works with the Neighborhood Director to identify educational resources for the Pilot within the organization. He/She develops material, education opportunities and schedules training workshops for lending, homeownership, home safety, financial fitness, home maintenance training and foreclosure intervention. He/She ensures that the Pilot staff and clients stay current on relevant issues and standards by continually providing information and education opportunities to them. He/She organizes at least one training workshop per quarter.
 - STANDARD: The WRAP Coordinator is informed of all NHS programs and services that impact the Pilot. He/She must be able to describe WRAP goals, procedures and expected outcomes. He/She must be aware of other programs, social service agencies, and organizations which engage in insurance, loss prevention, weatherization, rehab, asset preservation, and improving energy efficiency. He/She must achieve a greater than 80% good average on evaluations after presentations to staff and public.
2. The WRAP Coordinator develops, coordinates and maintains the successful integration WRAP initiatives into NHS existing programs and services.
 - STANDARD: The WRAP Coordinator ensures that program staff associated with the Pilot is fully trained on the expectations of their individual output and that they are adhering to the program guidelines. He/She informs program staff and managers of WRAP initiatives and works with them to develop strategies for the smooth integration of these initiatives into existing programs and services. He/She informs the WRAP Partnership of these strategies and accesses resources that help NHS achieve its WRAP program goals.
3. The WRAP Coordinator markets NHS' programs.
 - STANDARD: The WRAP Coordinator works with the Marketing Coordinator to develop marketing tools and strategies relevant to the WRAP Pilot and census tracts. He/She conducts surveys of the

community, social service agencies, insurance vendors, and residents and compiles pertinent data and information. He/She analyses data, makes recommendations and reports to management and related committees on issues facing the community. He/She makes recommendations on how NHS and WRAP management can assist the community residents. He/She develops follow-up techniques for educational seminars.

- STANDARD: The WRAP Coordinator prepares and distributes marketing materials including flyers, newsletters, brochures, leaflets, signs, audio visual material and press releases. He/She communicates regularly with social service agencies, public officials, community and business groups, and lending institutions to develop good public relations. He/She corresponds by mail, over the telephone, and in person, and networks at community events. He/She submits monthly reports with marketing material attached and presents at community events regularly.
4. The WRAP Coordinator coordinates informational seminars in targeted communities and ensures that WRAP topics are part of the lending, home buyer, homeowner, home maintenance, and individual counseling sessions, lectures, classes, seminars, workshops, and club meetings.
- STANDARD: The WRAP Coordinator meets with social service agency personnel, public officials, community and business groups, bankers, and other staff members at NHS to develop curricula to prepare educational materials for clients and to identify instructors for home ownership and insurance educational classes, seminars and clubs. He/She ensures that WRAP topics are included in the lending, home buyer, homeowner, home maintenance and individual counseling, lectures, classes, seminars, workshops and club meetings.
 - STANDARD: The WRAP Coordinator informs clients, lending institutions, the Board of Directors and its committees, other NHS staff, about WRAP education initiatives. He/She makes sure that all information gets out on a timely basis and he/she keeps records of all correspondence.
5. The WRAP Coordinator educates clients to help them meet their homeowners' insurance responsibilities and assists clients through the process of obtaining adequate insurance.
- STANDARD: The WRAP Coordinator works with the Insurance Program Manager to educate clients on the importance of insurance and safeguarding his/her investment. He/She assists the clients to obtain adequate insurance. He/She builds relationships with insurance companies and agents and works to educate them on the issues facing our communities and the types of products that will meet the needs of these communities.
 - STANDARD: He/She maintains records of counseling sessions held and the results of those efforts. On a timely basis, he/she provides accurate information to NHS staff. He/She is responsible for generating monthly NHS production and activity reports for WRAP.

Customer Service:

- STANDARD: assists in other areas as requested by his/her supervisor.
- STANDARD: attends NHS staff and team meetings and other meetings as needed.
- STANDARD: assists on other projects and assignments as needed.
- STANDARD: attends seminars and other training as scheduled by the office supervisor and participates in NHS mandatory requirements, including examinations, for the position.
- STANDARD: in this position the employee is expected to adopt and promote the core organizational and interpersonal values; meet internal and external deadlines on reporting and contractual obligations, and meet and exceed internal/external customer service expectations.
- STANDARD: Quality of relationship: the employee is expected to establish, develop and maintain relationships of high quality designed to acquire cooperation, access to information, sponsorship of ideas.

Signed by: Date:.....

NEIGHBORHOOD HOUSING SERVICES OF NEW YORK CITY INC.

JOB DESCRIPTION

JOB TITLE:	Loan Officer	Grade 2
REPORTS TO:	The Director of Citywide Lending and the Executive Director	

1. Administration and Management:

- STANDARD: prepares loan activity reports for management including number of weekly requests for services, actions taken, status of loans, number of loans in process, number of loans prepared to be presented to the Loan Committee, number of loans prepared for closing, number of loans closed.
- STANDARD: maintains all clients' files and records with adherence to the rules and regulations, which govern the maintenance, security and retention of client's confidential records.
- STANDARD: facilitates the loan application process through regular interaction with key internal and external departments involved in the process including Loan Fund Management, Construction Service Department, Citywide Lending and Senior Management.
- STANDARD: coordinates with the Loan Committee and Loan Fund Management on the collection of delinquent payments for active loans and contributes, if applicable, to the effective resolution of delinquency problems.
- STANDARD: initiates contact with NHS clients through requests for service to determine the needs of the clients; advises them verbally or in writing of the required documents necessary to continue the loan application process and in accordance with regulatory statutes and requirements.

2. Origination and Underwriting:

- STANDARD: Application Process: guides the client through the loan application process; counsels about financial matters; directs the client in the correct with the completion of the loan applications documents; obtains all required documents and fees prior to the commencement of the loan process. Clients coming to NHS must be assured that all information and communications provided to the Loan Officer will be held in the strictest confidence.
- STANDARD: Intake Process: responds to all telephone, mail, and live inquiries from clients promptly and occasionally will be required to make at-home intakes for elderly or disabled clients. The Loan Officer must have sound knowledge of the Loan process and loan products and must be capable of communicating the various program guidelines and requirements effectively to the clients; in stills confidence in NHS' services and through patience, knowledge of the products, and excellent communication. The Loan Officer must be capable of discerning the clients' financial needs and abilities quickly in order to expedite the continuance of the loan process.
- STANDARD: conducts thorough financial and Rehab services counseling with clients to ensure that the nature of loan obligations and the construction process is clearly understood. Clients must be advised by the Loan Officer about the importance of homeowner insurance and when necessary the Loan Officer assists clients in securing adequate insurance through referral to NHS Insurance services.

3. Loan Package Preparation and Presentation:

- STANDARD: Loan Package Preparation: prepares the loan package by reviewing and organizing all legal, tax and financial documents in accordance with guidelines; verifies the accuracy of information and prepares a loan proposal for the Loan Committee that summarizes all the salient information and recommended action. The Loan Officer checks

with pro bono attorneys to be sure that any liens, judgments or other defects to title are removed before closing. Good understanding of the most recent underwriting criteria is essential to designing comprehensive lending packages thus constant training and attention to detail must be maintained to decrease the risks of errors. The Loan Officer needs to have problem solving skills to be successful.

- STANDARD: Loan Package Presentation: presents completed loan packages to the Loan committee for approval; schedules monthly Loan Committee meetings to present the proposed loans. Client information must be clear and the Loan Officer must be able to address concerns from Committee regarding the proposed loans.

4. Pre-closing, Closing and Denial:

- STANDARD: Pre-closing: approved loans are processed by the Loan Officer who prepares documents including the Commitment Letter and the Truth in Lending, to be sent to clients advising them of loan amounts, scheduled monthly payments, the term of the loan and the closing costs.
- STANDARD: Closing: subsequent to the receipt of the signed pre-closing documents, which must be signed by all parties to the loan, the Loan Officer schedules the loan closing. Involved are the clients, the title closer, the Loan Officer and the Supervisor, who all participate in the closing of the loan. The title closer, who may be a lawyer, ensures that the loan closing documents are in order and that all appropriate documents are signed as mandatory regulations and compliances.
- STANDARD: Denial: the client is advised through a declination letter of any decision to deny or of any requests for additional information or requirements, which may affect the outcome of the loan.

5. Marketing and Outreach:

- STANDARD: consistent with the plans of the office the Loan Officer may make presentations to community groups to increase awareness of NHS lending programs; meet or identify community leaders, contractors, and other agencies, to develop relationships which enhances NHS' opportunity to continue to service target areas and target populations.
- STANDARD: is part of a divisional team, which plans and implements flyer campaigns, media presentations, and public announcements.
- STANDARD: refers clients to other NHS home ownership and educational programs such as home maintenance training, landlord education and insurance seminars.

6. Customer Service:

- STANDARD: assists in other areas related to the lending program services as requested by his/her supervisor.
- STANDARD: attends NHS staff and team meetings and other meetings as needed.
- STANDARD: assists on other projects and assignments as needed.
- STANDARD: attends seminars and other training as scheduled by the office supervisor and participates in NHS mandatory requirements, including examinations, for the position (see attachment).
- STANDARD: in this position the Loan Officer is expected to adopt and promote the core organizational and interpersonal values; meet internal and external deadlines on reporting and contractual obligations, and meet and exceed internal/external customer expectations.
- STANDARD: Quality of relationship: the Loan Officer is expected to establish, develop and maintain relationships of high quality designed to acquire cooperation, access to information, sponsorship of ideas.

CURRENT EXPENSE BUDGET FOR WRAP (including all sources of income)								
INCOME								
ADMINISTRATION	YEAR 1	YEAR 2		YEAR 3				TOTAL
Pilot								
Ford Foundation (Operating)	\$100,000.00							\$100,000.00
Sub-total	\$100,000.00	Approved Challenge Grant (Operating Funds)						\$100,000.00
MATCHING FUNDS								
SIB&T Foundation (Operating)	\$100,000.00	*(1) Match - Operating Funds - Proposal Submitted						\$100,000.00
Bank of New York (BNY) Mortgage	\$50,000.00	*(2) Operating funds specific to Seniors - Proposal Submitted						\$50,000.00
Sub-total	\$150,000.00							\$150,000.00
BRICKS AND MORTAR								
Revolving Loan Fund	\$1,000,000.00	Approved / Acquired through NHS America & NHSNYC						\$1,000,000.00
State Farm (Grants)	\$50,000.00	*(3) Grant pool - Proposal Submitted						\$50,000.00
Sub-total	\$1,050,000.00							\$1,050,000.00
TOTAL INCOME	\$1,300,000.00							\$1,300,000.00
EXPENSES								
PERSONNEL SALARIES								
Director	\$16,000.00	20% Work time						\$16,000.00
WRAP Coordinator	\$35,000.00	100% Work time						\$35,000.00
Marketing Coordinator	\$15,000.00	30% Work time						\$15,000.00
Construction Specialist	\$15,000.00	20% Work time						\$15,000.00
Loan Officer	\$10,000.00	25% Work time						\$10,000.00
Data Entry	\$1,500.00							\$1,500.00
Consultants (Inspections, etc.)	\$14,000.00							\$14,000.00
Benefits	\$26,100.00							\$26,100.00
Sub-total	\$132,600.00							\$132,600.00
ADMINISTRATION								
Rent								
Telephone	\$600.00							\$600.00
Office Supplies	\$650.00							\$650.00
Office Equipment	\$550.00							\$550.00
Postage	\$1,500.00							\$1,500.00
Marketing	\$30,600.00							\$30,600.00
Staff Training/Conferences/Travel	\$10,000.00							\$10,000.00
Printing	\$3,000.00							\$3,000.00
WRAP Meetings	\$12,000.00							\$12,000.00
Evaluation								
Workshop - Other Expenses	\$3,500.00							\$3,500.00
Community Project Expense	\$3,000.00							\$3,000.00
Photography	\$2,000.00							\$2,000.00
Sub-total	\$67,400.00							\$67,400.00
TOTAL EXPENSES	\$200,000.00							\$200,000.00
*(1) Response expected by 12/24/04								
*(2) Response expected by 11/30/04								
*(3) Update expected by 12/17/04								

Project Implementation Report

Since the main objective of WRAP as a Pilot Program was to measure what works, with what type of results and how it could be replicated successfully, much of the actual implementation was structured with special consideration for the best way to measure results. A special Implementation Plan was provided by UNC-CH and this kept the project's implementation, performance as well as monitoring on track.

See attachment # 3 (Instructions for Data Collection).

Initial Intake began in 6/04, ten months prior to the scheduled finish date earmarked for evaluation for this report. The table below summarizes the actual implementation results:

Action	Apr – June, 2004	July–Sept, 2004	Oct – Dec., 2004	Jan – March, 2005	April – May, 2005
Intakes 6		13	7	8	Evaluation
Inspections 6		13	7	8	Evaluation
EnergyAudits 0		6	13	17	Evaluation
Insurance Upgrades	1 3		1	1	Evaluation
Social Services	2 1		3	1	Evaluation
Energy Education	2 5		4	5	Evaluation
Credit Counseling	0 3		2	3	Evaluation
Complete Rehab	0 3		5	8	Evaluation

Gantt-Style Chart for WRAP

Activity	1/04	2/04	3/04	4/04	5/04	6/04			Task Time
Finalize strategic plan									
Prepare budget									
Submit plan to Ford Found									
Write grants for match									
Identify source of match									
Identify Loan Fund									
Identify Grant Fund									
Write educational curriculum									
Write job description									
Identify and train staff									
Create/Implement Marketing plan									
Plan kick-off event									
Integrate WRAP into Program.									
Kick-off Event									
Integrate Con Edison Services									
Integrate Key Span Services									

Activity	7/04	8/04	9/04	10/04		11/04	12/04	Task Time
Begin Education Workshops								
Begin Free Inspections								
Begin making Grants								
Begin processing loans								
Assess Marketing Plan								
Adjust marketing strategy								

Activity	1/05	2/05	3/2005		4/05	5/05	6/05	Task	Time
Facilitate 15 Loans									
Administer 10 Grants									
Refer 10 to other CBOs									
Refer 15 to social services									
Educate 50 persons									
Renovate 15 homes									
Update 5 insurance policies									
Install 25 safety devices									

Key: Blue – Written Proposals Green – Money Red – Critical Points Purple – Education Lilac – Integration

Project Evaluation

The evaluation of the project was carried out by the University of North Carolina at Chapel Hill (UNC-CH).

The primary objective of the evaluation was to conduct a careful assessment of the impacts of the WRAP program on the housing cost and insurance claims of the participants and on the neighborhoods in which the rehabilitated homes are clustered. The evaluation was supposed to also identify the major facilitators and obstacles to successful program implementation and effective practices in the various tasks involved in offering the program, including partnering with other organizations. One of the key questions assessed was – what were the most effective practices in fostering housing rehabilitation and in implementing the housing rehabilitation / weatherization programs. The methodology used included collecting information on the:

- Characteristics of the participating organizations and the services provided to the participants
- Demographic profile of the target neighborhood and the program participants
- Administrative and management issues involved in operating the demonstration program, including costs, staffing arrangements, and cooperative arrangements with outside organizations.

The major individual impacts assessed included housing costs, utility payments, homeowner insurance claims and participant satisfaction with their home and neighborhood. Other factors assessed included program impacts on target neighborhood, including property values, value of rehabilitated homes, neighborhood property values, and rehabilitation activity in the area.

Conceptual Framework

Participatory evaluation is being used for this pilot as it has all the characteristics that this type of evaluation is used for. Participatory evaluation's practical considerations are:

- ***Which?*** The program has a clearly identified group of beneficiaries. They are low-to-moderate income homeowners residing in 4 census tracts in West Brighton.

- **Why?** They will be evaluated six months after completing the program and again towards the end of the project.
- **How long?** This pilot is scheduled for a 3-year duration
- **Costs?** Ford Foundation has allocated \$100K to the project with a required match of \$100K – total \$200K to be used for operating costs. Additionally, there are unlimited funds available from NHS in a Revolving Loan Fund for “bricks and mortar.” Evaluation will be done by the University of North Carolina at Chapel Hill (UNC-CH) and is being paid for by the Ford Foundation.

Characteristics of Participatory Evaluation

This type of evaluation is particularly relevant to this program as NHS will be used as facilitators who will act as a catalyst and assist stakeholders in asking key questions. NHS will also ensure that stakeholders – funders, residents, end-users – are a part of the decision-making process. The organization which is community based will draw on local resources and capacities. By using a community-based, resident-led organization, funders are empowering the community to analyze and solve its own problems.

The program evaluation will: -

- Involve the active participation of the beneficiaries as they will be evaluated both at intake and at a set time after education.
- Use learning and education to promote reflection and critical analysis
- Improve the program and organization in the interest of the beneficiaries.
- Utilize local knowledge and experience.
- Promote the beneficiaries’ ownership.
- Use predominantly qualitative methods of data collection.

Objectives of the Evaluation

Formative evaluation will be used during the program to:

- Create better in-depth and accurate knowledge of the performance and impacts.
- Assess whether the delivery method of the program helps the community.
- Strengthen or improve the program being evaluated by examining the delivery, technology, and quality of implementation and the assessment of organizational context, personnel, procedures and inputs.

Summative evaluation will be used 6 months after completion of the educational segment. Here UNC-CH will examine the program's effects or outcomes such as:

- Did the resident take any action after the program?
- Did they take this action as a result of the program?
- What was the impact of program delivery?
- Did program delivery have any unexpected outcomes?
- What are the overall costs associated with program delivery?

Hypothesis to be tested

Low-income homeowners will enjoy lowered energy cost by increasing the energy efficiency in their homes, either through education, weatherization or subsidy.

Indicators for Evaluation

I will evaluate the success of this program by how many of the 503 homeowners (a) attend educational seminars and take action as a result; (b) understand and/or upgrade insurance policies; (c) access loans and/or grants to upgrade structure and (d) accept or free home evaluation.

Products and Outputs

- Increased discretionary income as a result of lower energy costs
- Reduced fire, mold and other home safety hazards, thereby lowering insurance costs
- Increased asset value of homes as a result of rehabilitation and energy efficiency improvements
- Developed resources for improving the neighborhood's appearance and condition
- Strengthen home ownership as a predicate to strengthened asset formation in neighborhoods.

Monitoring

The table below briefly outlines the data collection process:

Persons Receiving Information	Type of Information	Time of Report	Format
Project Manager WRAP Coordinator	Instructions for program staff to correctly collect and share data	Pre-Implementation Instruction	Session/training – Form C (attached)
WRAP Coordinator	Consent Form signed by participant for evaluation	At first client intake	Discussion and signature – Form B (attached)
WRAP Coordinator	Release Form signed by participant for Utility Bills	After client agrees to participate in program	Discussion and signature – Form D (attached)
WRAP Coordinator	Intake Questionnaire	After client agrees to participate in program	Scheduled interview with client at clients home or at the office – Form A (attached)
WRAP Coordinator	Individual Property Description	After completion of Intake Questionnaire	Use – Form E (attached)
Project Manager	Services Provided to clients	Monthly Report	Monthly Report – Form F (attached)
UNC-CH	All information gathered Bi-Monthly		Bi-Monthly Report – Form G (attached)
UNC-CH How	WRAP affected household after 1 year	One year after program completion for each participant	1 – Year Post Survey – Form H (attached)

The table above outlines the relationship between NHSSI and UNC-CH in terms of collecting data to effectively evaluate the program.

Pre-Implementation, all program staff was trained on how to correctly collect data and share it both internally and with UNC-CH for best evaluation results. Appropriate forms were provided in order to maintain uniformity of collection and consistent quality of data.

Customers were required to sign a consent form to allow written permission for the sharing of their data. They also had to sign a release form so that UNC-CH could request their pre and post billing history from the utility companies. Clients then filled out an extensive intake questionnaire which included all aspects of the client's household – from health and education, to financial, housing structure and neighborhood. A property description form was also filled out at pre-program involvement to assess pre and post WRAP conditions. The Project Manager held monthly meetings with a WRAP committee where collected intake data was evaluated and individual family plans were developed based on; 1) needs assessment and 2) the family's financial ability to address those needs. At these monthly meeting updates were collected via a monthly report on the services provided to previously evaluated clients. All information was provided to UNC-CH on a bi-monthly basis on a standard report form. One year after program completion UNC-CH will do a 1 – Year Post Survey to measure the impact of WRAP on the neighborhood and the participant's household expenses.

Performance Indicators

Goal 1: Increased discretionary income as a result of lower energy costs

Objective	Outcome	Measurement
Increase discretionary income	Lower energy usage 3 months after WRAP	Electric, oil & Gas bill lower 3 months. After rehab/education

Goal 2: Reduced fire, mold and other home safety hazards, thereby lowering insurance cost

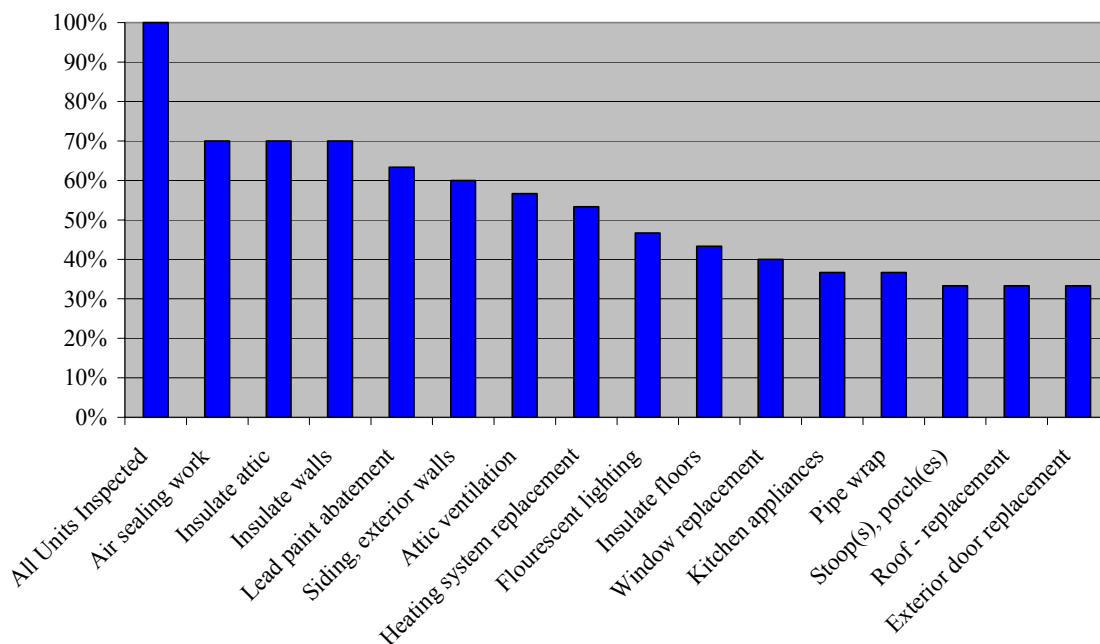
Objective	Outcome	Measurement
Reduce hazards at home	Safer home	Installed safety devices such as smoke detectors, fire extinguishers and dead bolt locks.
Adequately protect Assets	Adequate insurance coverage at fair market rate	Review/upgrade insurance policy as needed.

Goal 3: Increased asset value of homes as a result of rehabilitation and energy efficiency improvements

Objective	Outcome	Measurement
Weatherize Home	Increase energy efficiency	Insulated home after WRAP
Increase value of home	Correct defects through rehabilitation/education	Corrected structural defects

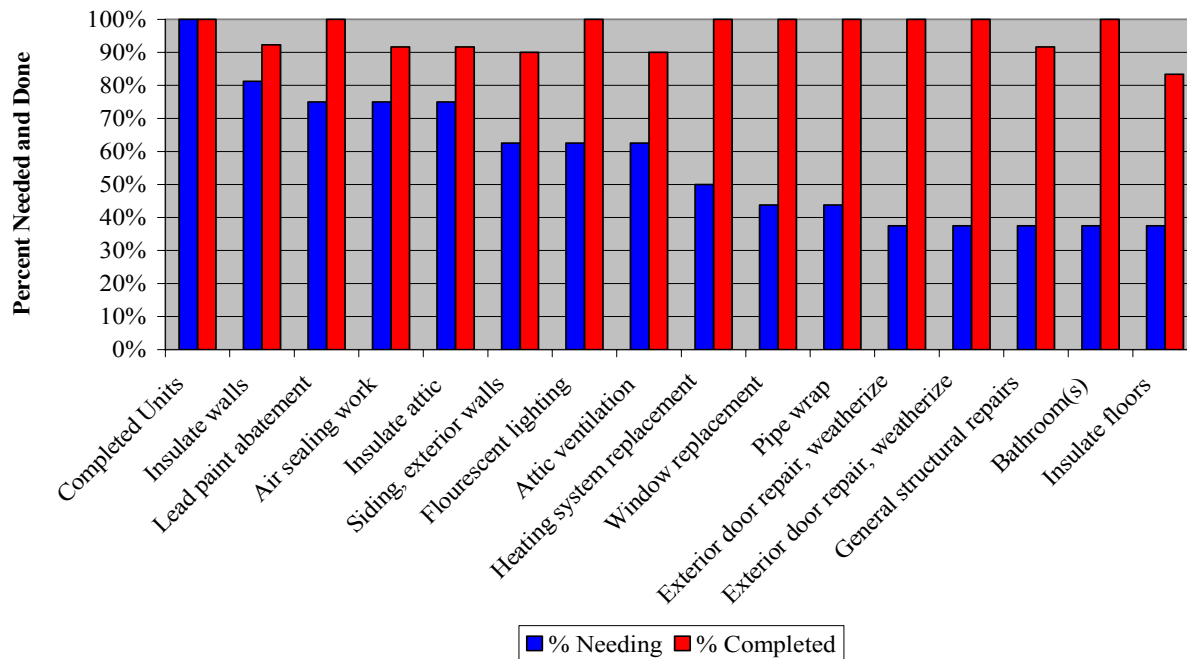
Results of Evaluation

Work Needed - All Units Inspected

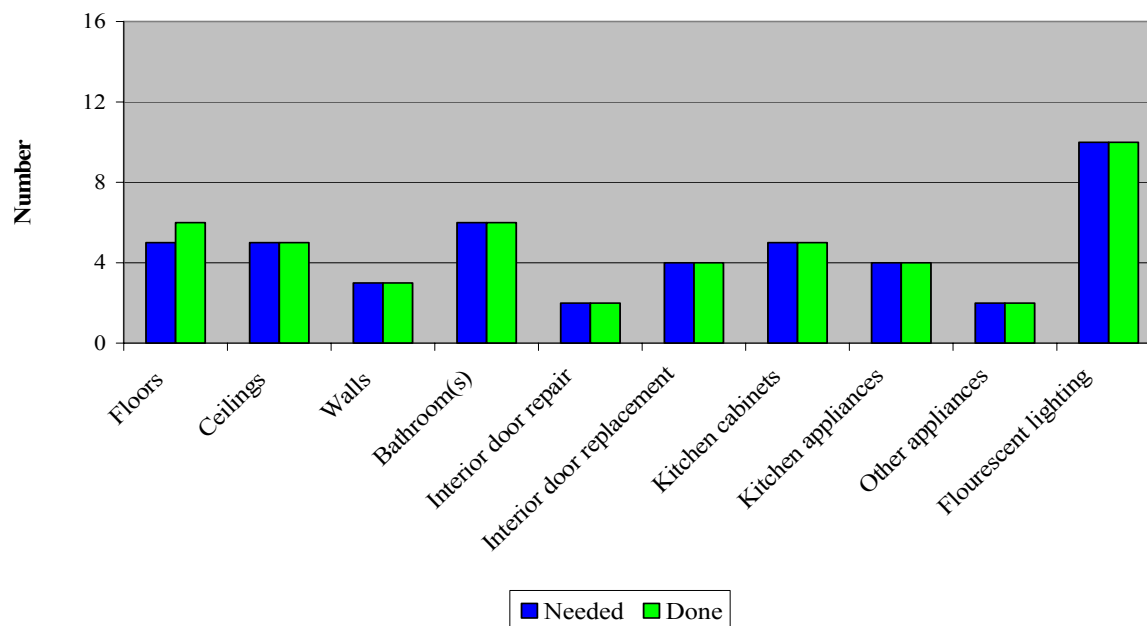


The above graph is based on the 30 units that NHSSI has inspected for the evaluation period of January 2004 – March 2005. Based on the Needs Assessment and detailed inspection of the 30 homes, these were the findings. Of the 30 homes inspected 16 were completed. The tables below are the exact findings and work done on the 16 completed homes. They are now OFFICIALLY WRAPPED.

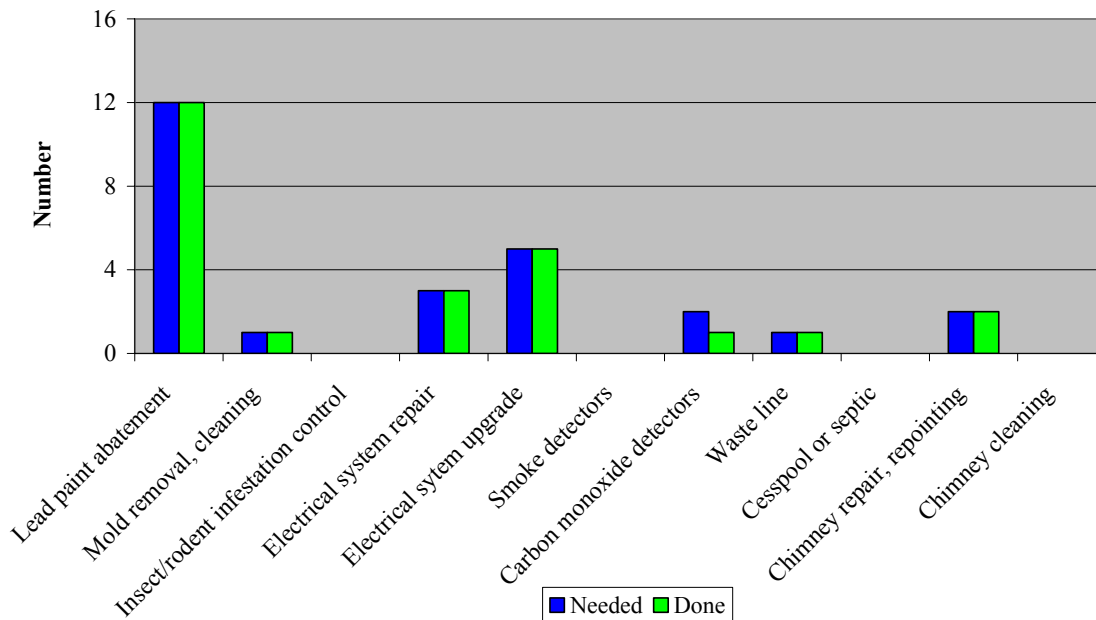
Work Needed and Done - Completed Units



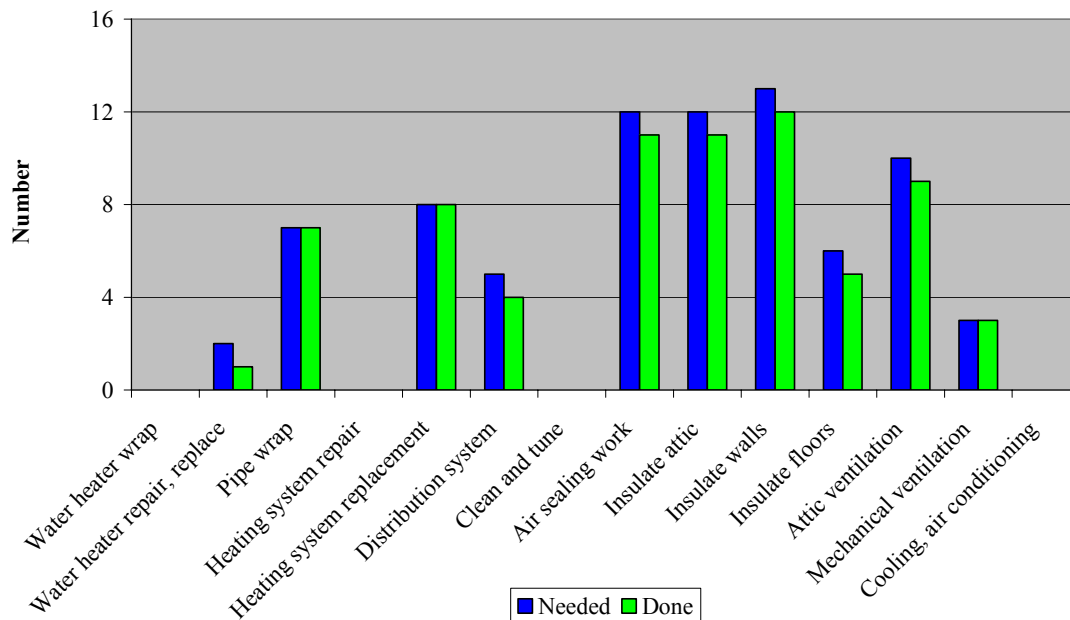
Interior Elements - 16 Completed Units



Health & Safety Elements - 16 Completed Units



Energy Elements - 16 Completed Units

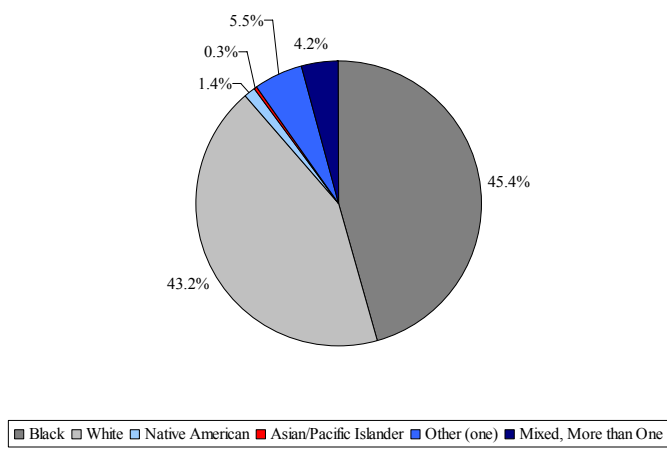


As you look at the data reflected on 2 of the “Completed Units” graphs, (Energy Elements and Exterior Elements) the question that comes to mind is “Why are these units listed as completed when there is still work to be done on them?” Conversely, “Why was more work done than needed in the graph titled Work Needed and Done?” The answer to these questions lies in the unique trends observed in this and other WRAP target

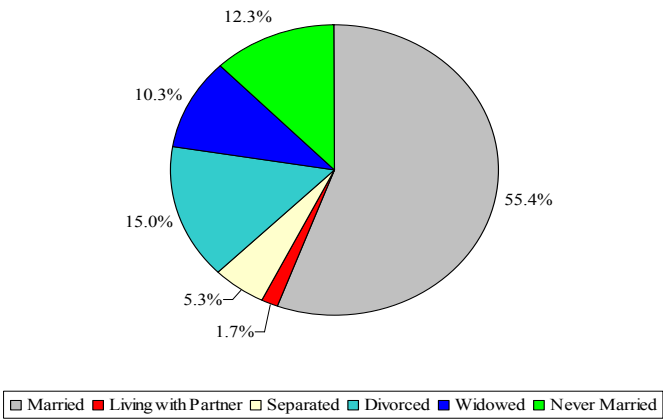
communities across America. Some of the evaluated families were reluctant to take on additional debt in order to assuage all needs identified in their homes. They saw this aspect of home improvement in terms of “yet another bill.” There were also other families who simply could not afford the additional debt. Here the evaluation team had to reach a compromise by prioritizing aspects of home improvement. Critical or pressing needs were addressed first, while needs that were not considered hazardous were left unmet in some instances.

Characteristics of clients served

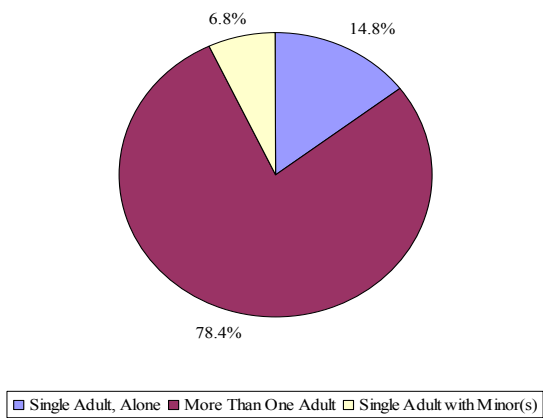
Race of Householder



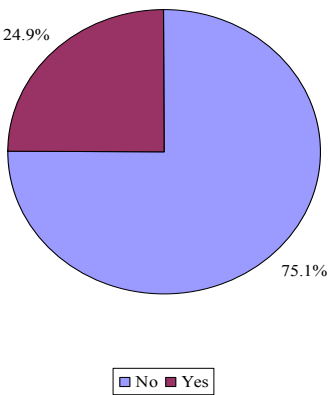
Marital Status of Householder



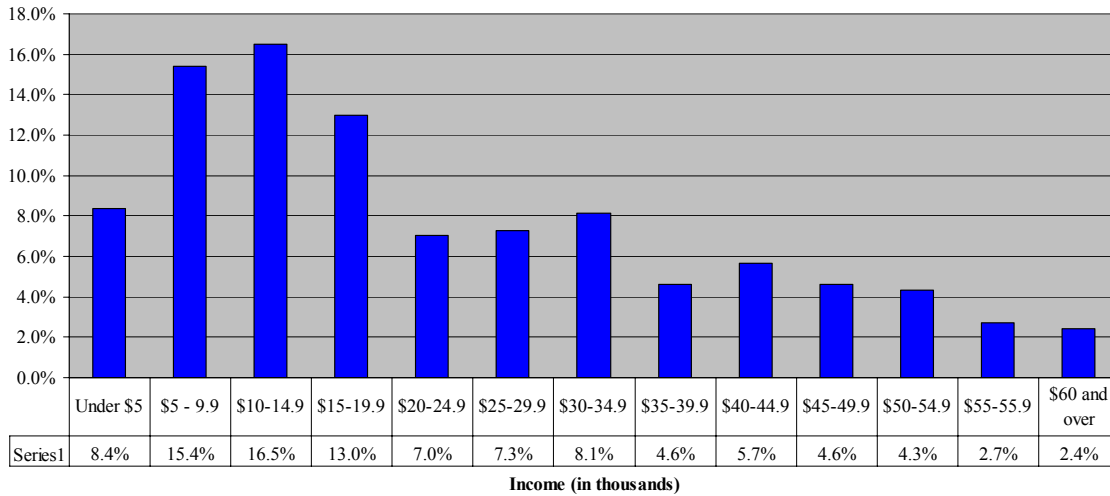
Household Composition



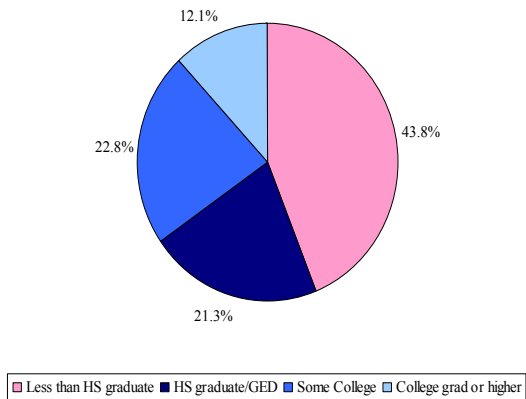
Householder with Disability



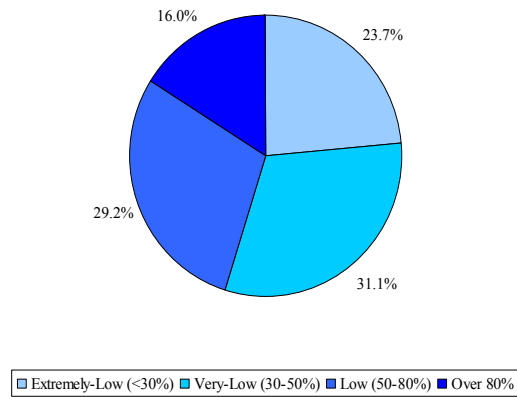
Household Income



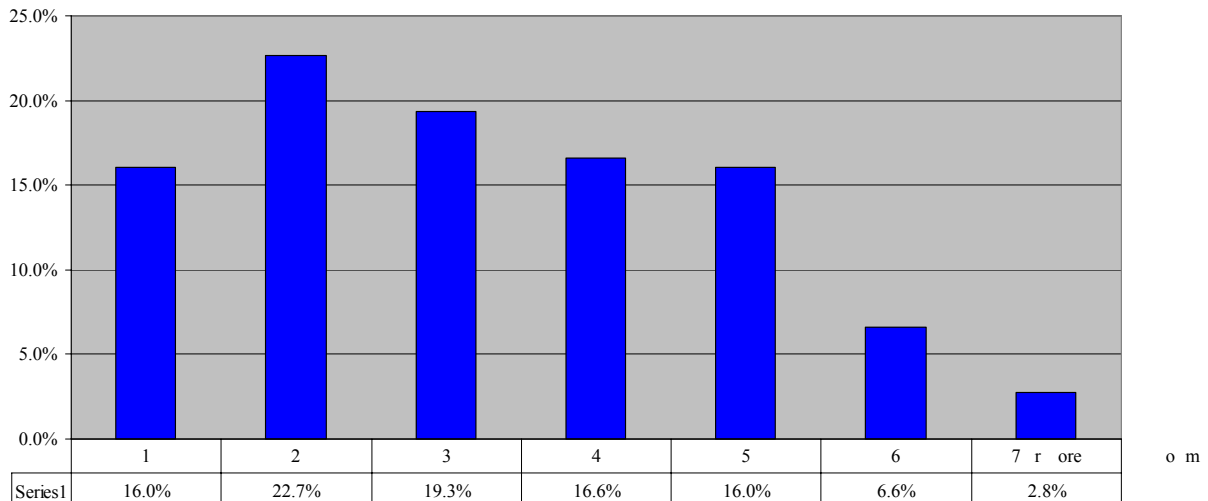
Householder Education



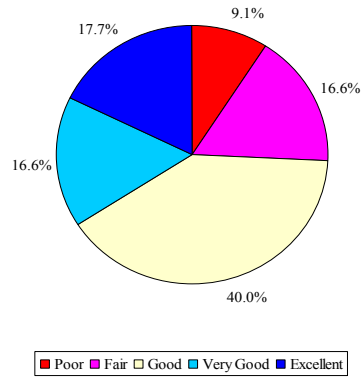
Household Income Categories



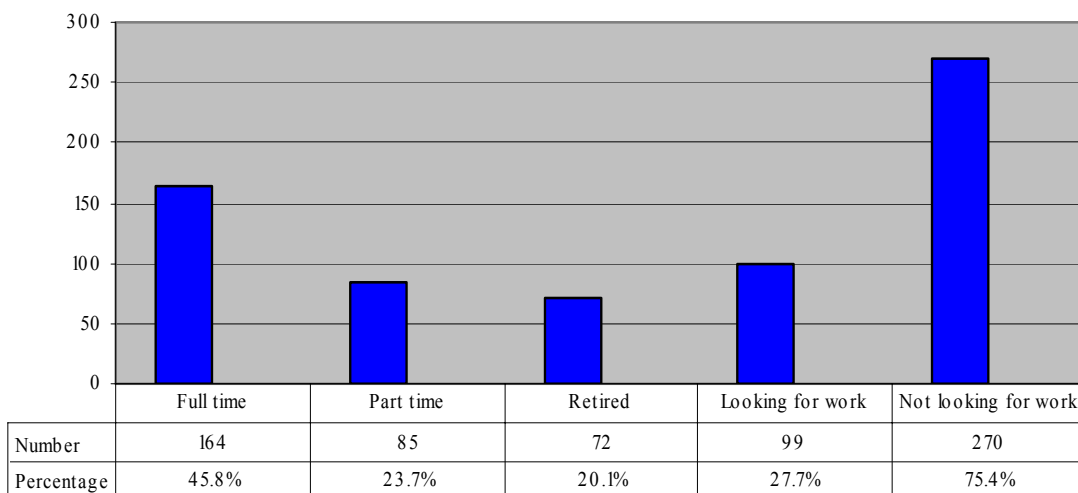
Household Size



Population Health



Households with One or More Members in Employment Category



Services Arranged for Clients at NHSSI and other Pilots

	# Clients Reported	Credit Counseling/ Repair	Homeowner/ Energy Training	Social Services
Chattanooga 13		12	13	8
Dorchester 17		5	7	2
Freeport 106		12	20	56
Staten Island	17	8	17	7
Hartford 27		0	0	1
Milwaukee 11		0	9	0

The list of other services mentioned above is evidence that WRAP is doing more than rehabilitation and weatherization. Underlying data also shows continued effort to help some clients by virtue of assisting the same client in different periods.

Program Insights

WRAP pilot programs on the whole have had difficulty coordinating rehabilitation and weatherization work due to:

- Funding constraints
- Lack of fully integrated approach to inspections and construction
- The WRAP program has contributed to increasing the knowledge that staff members has about programs to assist clients.

Sustainability

The following **Sustainability Elements** could affect the host community and viability of WRAP in the future:

- Weatherization grant funds provided by the City are limited and directed to seniors 62 years and older who earn 60% of median income and below. WRAP clients are homeowners earning 80% and below with no age restriction.
- Weatherization funding is issued on a “first come, first serve” basis according to the order that requests come in. There are thousands of requests received each year and funding for less than 200 units.
- While the pilot has been able to secure some grant funding for WRAP, this is a challenge. Amounts per household averaged at \$15,000.
- Many of the WRAP clients have poor credit and have not been able to secure funds via available loan programs.
- Homeowners of multi-family units who end up vacancies or non-payment of rent from tenants for extended periods of time.
- Job loss for a homeowner that affects their financial stability and their ability to access rehabilitation financing.
- Increasing gentrification in target neighborhoods that is pricing out low-moderate income homebuyers.
- Getting other non-profits or city agencies to prioritize WRAP clients.
- The extent of lead based paint problems has increased the cost per job to the extent funding is limited to completing fewer jobs than expected.
- Some clients are reluctant to expose themselves as participants, thereby limiting marketing efforts.
- Trusting and gaining the trust of other CBOs as it pertains to cross referencing clients and available funding sources.

Sustainability Plan

Building relationships is the key to making WRAP sustainable over time. This has already started and has three targets. They are:

- **Community** – A finger on the pulse of the community is important. As demographics change, gentrification set in and new trends appear, WRAP's connection to the community in terms of resident involvement in the administration and direction of the program will help to maintain alignment with community needs. Community Residents comprise at least 55% of NHSSI board. Publishing WRAP results and successes regularly through PSAs, newsletters, testimonials, etc. has already gained the community's willing participation, trust and commitment to success.
- **Funding** – Funding is critical to WRAP's sustainability on 3 levels. They are Loans, Grants and Operational Support for program delivery. Having identified funding needs in the above sustainability elements, NHSSI has already made headway into forming and maintaining the necessary relationships to sustain WRAP financially. As WRAP is integrated into core programs, it has being solidified in our long term strategic plan. Banks, Insurance Companies and other financial partners are pleased with the PR associated with their involvement with WRAP. As Funders become more involved with WRAP, they are steadily becoming more committed to the extent that NHSSI can involve them in the challenges and possible solutions to unique challenges as they arise. During the year, at least 3 major events are planned for the organization, involving the community, rehabilitation, beautification, and corporate volunteers doing hands-on, sweaty work, elected officials, awards and press, press, press!
- **Collaboration** – Those early relationships between CBOs that compete for limited grant pools of operating funds that were forged out of need but remained riddled with distrust are slowly settling into better partnerships. Memorandums of Understanding were issued as tools to create established guidelines for local partnerships. Elected officials are being encouraged to contribute discretionary funds to WRAP for use as grants. Once funds start flowing, these officials will then be committed to WRAP and can be included in discussions that affect policy at the city and state level.

Institutional Plan

As the sustainability plan deepens and relationships become stronger, the program would cease to be a pilot and become one of the core programs that NHSSI excels at administering. WRAP would have proven how critical its components are to Community Economic Development and be established as an indispensable part of homeownership.

Conclusions

The goals and objectives did not change over the life of the project. They were very precise and well thought out and were based on demonstrated need. All elements of the project were completed. As a result of having professional evaluators do the evaluation of the program, the Pilot's accomplishments were successfully analyzed and documented. NHSSI was able to recognize and account for successes achieved that were not foreseen in the initial strategic plan for WRAP. The evaluators were quick to recognize trends and noteworthy observations such as demographics of clients served in terms of social status, health, perceptions, etc. The pilot was able to identify the need for bi-lingual and culture matches when hiring staff very early in the program. It is important to note that clients' reluctance to take on additional debt in order to bring their homes fully up to code was an unexpected outcome noted. If this factor was known before, grant funds would have been sought very early and many more homes would have been rehabilitated.

Recommendations

In the light of NHSSI's involvement of WRAP, I would strongly recommend the implementation of the program in other states. The results of the evaluation done by UNC-CH would be made public and will include information garnered from an expected 1-year post WRAP Survey. This survey will contrast and compare how clients feel about their homes and neighborhoods pre and post WRAP. The evaluation will contain findings from 12 WRAP Pilots across the nation each with their own unique personalities, needs, social and economic challenges, opportunities, ethnicity and neighborhood profiles. There will therefore be a myriad of documented situations and solutions to allow for replication in diverse communities. Not only will the programs and their delivery systems be examined for replication; but how such programs are sustained

financially will be documented. This in-depth analysis is being made available to communities in order to make the program more easily replicable.

Appendices

Monitoring Tools (Implementation)

Appendix 1 Intake Questionnaire

Appendix 2 Consent Form

Appendix 3 Instructions for Data Collection

Appendix 4 Release Form

Appendix 5 Individual Property Description

Appendix 6 Services Provided

Appendix 7 Monthly Reports

**WEATHERIZATION, REHAB AND ASSET PRESERVATION
PARTNERSHIP PROGRAM**

Intake Questionnaire

We are asking you to fill out this questionnaire for the Weatherization, Rehab and Asset Preservation Partnership (WRAP) program. The questions are to help us find out about you, your family, your house, and your neighborhood. If you have questions about this questionnaire, you can ask your WRAP counselor. Thank you for your cooperation

BACKGROUND INFORMATION: This first page is for information about you.

This shaded area is to be filled in by the WRAP counselor or interviewer, not by the Householder.			
WRAP ID		Intake date: / /	WRAP counselor:
Name			
	Last name	First name	Middle name
Residential address			
	City	County	State Zip
Mailing address (if different)			
	City	State	Zip
Telephone numbers	Home:	Work:	
How many people are there in your household: ¹			
This shaded area is to be filled in by the WRAP counselor or interviewer.			
What is the HUD household size adjusted low-income limit: \$			
Annual Household Income	\$	What is your race (Mark one)	Current marital status (Mark one)
Are you Hispanic/Latino	G Yes	G Asian	G Never married
	G No	G Black	G Married
Are you proficient in English	G Yes	G Native American	G Separated
	G No	G White	G Divorced
If NO, what is your primary language?		G Mixed, more than one	G Widowed
		G Other	G Living with partner
How did you hear about this program (Mark all that apply):			
G Bank	G Television	G Staff/Board Member	
G Friend	G Radio	G Walk-in	
G Government	G Printed Advertisement	G Other	

1. A person is “in your household” if he or she usually lives at your house.

INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD: Next, we need to find out about the people in your household. The block on this page is for information about you. The next 3 pages are for the same information about the other people who are in your household. There are 3 blocks per page, which is enough for information on up to 9 other people living in your household. If there are fewer than 9 other people in your household, leave the extra blocks empty. If there are more than 9 other people in your household, ask for extra sheets and fill them in.

YOU	Your age:	Date of birth (day/month/year): / /
Your gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Are you disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, your health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does you have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does you smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school
Compared with one year ago, your health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	

These notes are for this page and for the three pages for INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD.

2. "Diagnosed with elevated levels of lead in the blood" means that a doctor, nurse, physician's assistant, or some other health care worker has told the person that his or her blood lead levels are high.
3. A person is "disabled" if he or she has a physical, mental, or emotional condition that makes it difficult for the person to do normal activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. The condition can also be one that makes it difficult for the person to go outside the home alone or to work at a job or business.
4. A person is considered working "full time" if he or she usually worked 35 or more hours per week.
5. For education, if the person is still in school, mark the answer for the last school year because that is the highest grade **completed**. For example, if the person is a senior in High School and will graduate at the end of the school year, mark "Less than High School graduate."
6. A person is a "College graduate or higher" if he or she has received at least a Bachelor's degree. A person with an Associate degree or the equivalent should mark "Some college."
7. A person is a "Full time student" if the school he or she is attending considers him or her "full time."

INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD (Continued)

PERSON #2	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #3	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #4	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD (Continued)

PERSON #5	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #6	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #7	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD (Continued)

PERSON #8	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #9	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

PERSON #10	Age:	Date of birth (day/month/year): / /
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Disabled ³ <input type="checkbox"/> Yes <input type="checkbox"/> No
Compared with other people the same age, this person's health is	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very good <input type="checkbox"/> Excellent	Employment status (Mark one) <input type="checkbox"/> Full time ⁴ <input type="checkbox"/> Part time <input type="checkbox"/> Migrant/Seasonal <input type="checkbox"/> Looking for work, unemployed <input type="checkbox"/> Not looking for work, unemployed <input type="checkbox"/> Retired
Does this person have asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Education, highest level completed ⁵ (Mark one) <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college ⁶ <input type="checkbox"/> College graduate or higher ⁶
Does this person smoke tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this person been diagnosed with elevated levels of lead in the blood ²	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Compared with one year ago, this person's health is	<input type="checkbox"/> Worse <input type="checkbox"/> About the same <input type="checkbox"/> Better	Education status (Mark one) <input type="checkbox"/> Full time student ⁷ <input type="checkbox"/> Part time student <input type="checkbox"/> Home schooling <input type="checkbox"/> Not enrolled in school

HEALTH INFORMATION: This page is for information about specific health and safety issues that might affect the people living in your household.

In the past year, have you or any member(s) of your household had any of the following:		If YES, how many people had the condition	For all of those people, how many total times did it happen
An injury that was caused by the physical condition of the house ⁸	G Yes G No		
A medical professional ⁹ tell the person that he/she had Pneumonia or another lung condition or breathing problem, such as bronchitis or Chronic Obstructive Pulmonary disease	G Yes G No		
If no member of your household has asthma, check here and skip to Page 7		G No member has asthma	
An asthma attack at home that <u>did not</u> require the person to see a medical professional ⁹	G Yes G No		
An asthma attack at home that was so bad that the person had to see a medical professional ⁹	G Yes G No		
An asthma attack at home that caused the person to miss work and/or school	G Yes G No		
An asthma attack at home that required hospitalization for at least one night	G Yes G No		

8. For an injury to be caused by “the physical condition of the house” it must have been caused by the condition. For example, if a person fell down the stairs because one of the steps was broken or tripped over a loose floorboard, that would be an injury that was caused by the physical condition of the house. On the other hand, if a person fell off a ladder while cleaning gutters, that would not ordinarily be caused by the physical condition of the house. However, if the ladder slipped because the gutter was rotten and broke, then the injury would be caused by the physical condition of the house.
9. A medical professional is a person who provides your household members with medical care. For many people, that will be a doctor, nurse, or physician’s assistant, depending on where you go to get medical care.

PROPERTY FINANCIAL INFORMATION: The next three pages are for information about your house.

What is the value of the property ¹⁰		\$	
Do you own or rent your house		<input type="checkbox"/> OWN	<input type="checkbox"/> RENT (skip to next page)
Do you have at least one mortgage ¹¹ on the property		<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many mortgages do you have on the property:			
How much was your total property tax bill for the last calendar year		\$.
How much was your total homeowner's insurance bill for the last policy year		\$.
What is your credit score :		Credit reporting company:	
If there are no mortgages on the property, skip the rest of this page and go to page 8.			
Answer questions 1-10 based on information for your current FIRST mortgage only.			
1. When did you get this mortgage?	/ Month/Year	From your most recent FIRST mortgage statement, how much of your payment is for:	
2. What is the unpaid principal balance	\$	6. What is the total monthly payment?	\$.
3. What is the current interest rate?	%	7. Principal	\$.
4. Is the interest rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		8. Interest	\$.
5. When you first got this mortgage, how many years was it for? ¹²	years	9. Property tax escrow	\$.
		10. Homeowner's insurance escrow	\$.
Answer questions 11-20 based on information for your current SECOND mortgage only.			
11. When did you get this mortgage	/ Month/Year	16. Is it a Home Equity Line of Credit <input type="checkbox"/> No <input type="checkbox"/> Yes	
12. What is the unpaid principal balance	\$	17. What is the total monthly payment?	\$.
13. What is the current interest rate	%	18. How much is for principal	\$.
14. Is the interest rate <input type="checkbox"/> Fixed <input type="checkbox"/> Variable		19. How much is for interest	\$.
15. When you first got this mortgage, how many years was it for? ¹²	years	20. How much is for escrows (tax, insurance, etc.)	\$.
If you have more than two mortgages on the property, answers questions 21-23 based on all of the other mortgages combined, excluding the FIRST and SECOND mortgages reported in questions 1-20.			
21. What is the total of all payments on all of your other mortgages		\$.
22. How much of that amount is for PRINCIPAL		\$.
23. How much of that amount is for INTEREST		\$.

10. Answer this question with the appraised value if you have had the property appraised within the past six months. If not, give your best estimate of the property's current value.
11. A mortgage is a loan using the property as collateral or security for the loan.
12. This would be the original term or length of the mortgage when you got the loan. Most, but not all, mortgages are for 30 years. If the mortgage is a Home Equity Line of Credit, leave blank.

If you rent the property for which you are requesting weatherization and/or rehabilitation assistance, please complete the following section. If you do not rent the property, skip this page.

1. How much do you pay per month in rent (if no cash rent, enter NCR) ¹³				\$.
2. Do you have Renter's insurance ¹⁴				G Yes G No
3. Is your rent subsidized by the Federal, State, and/or Local government				G Yes G No
If the answer to 3 is YES, what is the program or type of subsidy (i.e., Sec. 8, etc.)				
For each of the following, indicate whether you: 1) pay separately for the item (directly to the service provider or utility company), 2) pay to the landlord or manager <u>in addition to rent</u> , or 3) the item is <u>included in the rent</u> . Check ONE box for each type of energy source <u>that you use to heat your house or apartment</u> .				
Separately	to provider	Pay landlord in addition to rent	Included in rent	Not applicable/ Do not use
Gas from under-ground pipes				
Bottled, tank, or LP gas				
Electricity				
Other heating fuel source				
For each of the following, indicate whether you: 1) pay separately for the item (directly to the service provider or utility company), 2) pay to the landlord or manager <u>in addition to rent</u> , or 3) the item is <u>included in the rent</u> . Check ONE box for each type of energy source <u>that you use to heat water</u> .				
Separately	to provider	Pay landlord in addition to rent	Included in rent	Not applicable/ Do not use
Gas from under-ground pipes				
Bottled, tank, or LP gas				
Electricity				
Other heating fuel source				

13. If rent is paid other than monthly, calculate the monthly value. For example, if you pay weekly, then multiply that amount by 4.3.
14. "Renter's insurance" is insurance covering your personal property, not the building.

UTILITY and PAYMENT INFORMATION

What do you use as the primary source of heat for your house (Mark one)		What do you use as the primary source for heating water (Mark one)	
<input type="checkbox"/> Gas from underground pipes <input type="checkbox"/> Bottled, tank, or LP gas <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other		<input type="checkbox"/> Gas from underground pipes <input type="checkbox"/> Bottled, tank, or LP gas <input type="checkbox"/> Electricity <input type="checkbox"/> Fuel oil <input type="checkbox"/> Kerosene <input type="checkbox"/> Other	
From your most recent electric bill, provide the following information:			
Date of bill / /		Amount of bill \$.	
Are you on a billing plan that averages your electric bills so that you pay the same amount every month for a period of time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving assistance and/or a subsidy to help pay your electric bill		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The bill is for service ¹⁵	From / / To / /	The bill is based on what type of reading	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not indicated
If you have natural gas service that you use for heat and/or hot water , then, from your most recent natural gas bill, provide the following information:			
Date of bill / /		Amount of bill \$.	
Are you on a billing plan that averages your natural gas bills so that you pay roughly the same amount every month for a period of time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you receiving assistance and/or a subsidy to help pay your natural gas bill		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The bill is for service ¹⁵	From / / To / /	The bill is based on what type of reading	<input type="checkbox"/> Actual <input type="checkbox"/> Estimated <input type="checkbox"/> Not indicated
How much do you pay per month, on average, over the course of a typical year, for:			
Utilities (electric, gas, fuel oil, etc.)	\$	Credit card payments and other debt	\$

15. Be consistent in reporting the time period covered by the bill and the amount for the period. If the bill includes a past due amount from an earlier bill, you should report only the current period portion of the bill and indicate only the time period for that amount.

INSURANCE AND CLAIMS MADE: This page is to let us know about your homeowner's insurance and any claims that you or anybody else has made against that insurance in the past three years.

Name of current homeowner's/renter's insurance company	Policy number
--	---------------

Name of homeowner's/renter's insurance company, last year, if different than current company	Policy number
--	---------------

Name of homeowner's/renter's insurance company, two years ago, if different than current company	Policy number
--	---------------

Name of homeowner's/renter's insurance company, three years ago, if different than current company	Policy number
--	---------------

Total number of claims filed against your homeowner's policies within the past three years:	
---	--

For each claim, complete the following information: *(if more than 5 claims, fill in for the 5 most recent claims)*

Date of claim (month/year)	Cause(s) of damage ¹⁶ <i>(check all that apply)</i>						Was any part of the claim for:		Amount of the claim
	fire	liability	theft	water	wind	other	Personal injury	Property damage	
Claim 1 /							G Yes G No	G Yes G No	\$
Claim 2 /							G Yes G No	G Yes G No	\$
Claim 3 /							G Yes G No	G Yes G No	\$
Claim 4 /							G Yes G No	G Yes G No	\$
Claim 5 /							G Yes G No	G Yes G No	\$

16. The cause of damage would be what caused the harm, either damage to your house or injury to a person, and allowed you or the person who was injured to file a claim with your insurance company under your homeowner's or renter's policy. For example, if a tree blew over onto your roof during a storm, making a hole in the roof and letting in rain that soaked the room, the claim would be for wind (the tree blowing over) and water (the damage caused by the rain).

SATISFACTION WITH YOUR NEIGHBORHOOD: This page is to let us know how you feel about your neighborhood.

When did you move into your neighborhood ¹⁷ ____/____ Month/Year	How many of your relatives, ¹⁸ if any, live in the neighborhood				
How strongly do you agree or disagree with the following statements as each applies to your neighborhood. [MARK <u>ONE</u> ANSWER IN EACH ROW]					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. People in the neighborhood are generally friendly and/or helpful					
2. Crime is a problem in the neighborhood					
3. The traffic in this neighborhood is excessive					
4. Air pollution is a problem in this neighborhood					
5. Noise is a problem in this neighborhood					
6. There is a lot of litter in this neighborhood					
7. Lots of houses in the neighborhood are in serious need of repair					
How would you rate the following for your neighborhood. [MARK <u>ONE</u> ANSWER IN EACH ROW]					
	Very Poor	Poor	Fair	Good	Excellent
1. City/County services other than police					
2. Police and other law enforcement protection					
3. The public elementary school serving this neighborhood					
4. Public transportation					
5. Shopping for necessities, such as groceries or medicine					
6. Parks and recreation facilities					
On a scale of 1 to 10 (with 1 being the lowest and 10 being the highest) rate the overall quality of your neighborhood.					

17. The “neighborhood” is whatever you think of as your “neighborhood.” Your neighborhood may or may not be the same as the service area for the WRAP Program organization.
18. A relative is any person related by blood or marriage and whom you think of as your relative. It is not necessarily limited to parents, sisters, and brothers, but could include grandparents, grandchildren, aunts, uncles, and cousins, or even more distant relatives if you think of them as relatives.

SATISFACTION WITH YOUR HOUSE: This page is to let us know about the present condition of your house and how satisfied you are with it.

When did you move into your present home	/				
Month/Year					
Are There Any Rooms in Your Present House That:					
You close off and do not use because they are too cold in the winter	GYes G No	If YES, how many			
Are too cold to use comfortably in the winter	GYes G No	If YES, how many			
You close off and do not use because they are too hot in the summer	GYes G No	If YES, how many			
Are too hot to use comfortably in the summer	GYes G No	If YES, how many			
How would you rate the following for your present home . [MARK ONE ANSWER IN EACH ROW]					
	Very Poor	Poor	Fair	Good	Excellent
Overall exterior condition (walls, windows, roof, trim, etc.)					
Overall interior condition (walls, windows, ceilings, staircases, etc.)					
Climate control (heating, ventilation, air conditioning, if any)					
Plumbing (sinks, tubs, showers, toilets, etc.)					
Electrical (lighting, outlets, etc.)					
On a scale of 1 to 10 (with 1 being the lowest and 10 being the highest), how satisfied are you with your home					

Finally, we are asking for your permission to use this information as part of an evaluation of the WRAP Program. **These final two questions are not to be answered until the householder has read the Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program sheet (attached as page 13).**

I have read the Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program sheet (attached as page 13).	GYes G No
I agree to allow the Evaluation Team to use the information provided in this questionnaire, and other information gathered by the Evaluation Team or organizations participating in the WRAP program, for the Evaluation Team's study. I understand that the Evaluation Team will keep this, and all other, information it gathers for the study confidential and not release it to anybody who is not connected with this study.	GYes G No



THE UNIVERSITY OF NORTH CAROLINA
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DESCRIPTION OF THE RESEARCH PROJECT FOR EVALUATING THE WEATHERIZATION, REHAB AND ASSET PRESERVATION PARTNERSHIP PROGRAM

Purpose. We would like to use the information you just provided as part of a research project evaluating the impact of the Weatherization, Rehab and Asset Preservation Partnership (WRAP) Program that is being tried at sites in five states. The WRAP program is being funded by the Ford Foundation. The Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill is doing the evaluation. The purpose of this research project is to understand the impact of the WRAP program on energy use, property values, insurance claims, and the people participating in the program. We are asking approximately 1,500 people to participate in this study.

It is important for us to understand how well the WRAP program works in order to know whether it should be tried in more places. If the WRAP program is successful, it can help people reduce their energy costs, increase the value of their homes, and improve their neighborhoods. Your participation will help us determine whether to expand the program.

Your role. We are asking you to allow us to use the information and to sign releases to allow us to get copies of your credit report, utility bills, and homeowner's (or renter's) insurance claims. We will follow-up with a similar questionnaire that will be mailed to you within the next two years. We ask for your name and mailing address so that we can send the follow-up questionnaire to you. **This information will be held in the strictest confidence** and will only be used to send you the follow-up questionnaire.

Your rights.

- ! You decide whether or not to let us use your information as part of the study, and you can change your mind at any time.
- ! If you decide not to let us use the information, it will not affect the services that you receive as part of the WRAP program.

Your privacy is important to us.

- ! We will not reveal your name to any person or organization not connected with this study and will not use your name in any reports that we produce as a result of this study.

Contact information. If you decide at a later date that you do not want the information you give us to be used in this study, please contact Spencer M. Cowan, at The Center for Urban and Regional Studies, Hickerson House, CB# 3410, UNC Chapel Hill, Chapel Hill, NC 27599.

Telephone: (919) 962-8847 Em ail: spencer2@email.unc.edu

The Behavioral Institutional Review Board (Behavioral IRB) of the University of North Carolina at Chapel Hill has approved this study. If you have any concerns about your rights in this study, you may contact the Behavioral IRB at (919) 962-7761 or at aa-irb@unc.edu

After reading this page, return to page 12 to answer the final two questions.

WEATHERIZATION, REHAB AND ASSET PRESERVATION PARTNERSHIP PROGRAM

CONSENT FORM

We are asking for your permission to use this information as part of an evaluation of the WRAP Program. **These two questions are not to be answered until the householder has read the Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program sheet (attached as page 2).**

I have read the Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program sheet (attached as page 2).	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to allow the Evaluation Team to use the information provided in this questionnaire, and other information gathered by the Evaluation Team or organizations participating in the WRAP program, for the Evaluation Team's study. I understand that the Evaluation Team will keep this, and all other, information it gathers for the study confidential and not release it to anybody who is not connected with this study.	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**DESCRIPTION OF THE RESEARCH PROJECT FOR EVALUATING THE
WEATHERIZATION, REHAB AND ASSET PRESERVATION PARTNERSHIP PROGRAM**

Purpose. We would like to use the information you just provided as part of a research project evaluating the impact of the Weatherization, Rehab and Asset Preservation Partnership (WRAP) Program that is being tried at sites in five states. The WRAP program is being funded by the Ford Foundation. The Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill is doing the evaluation. The purpose of this research project is to understand the impact of the WRAP program on energy use, property values, insurance claims, and the people participating in the program. We are asking approximately 1,500 people to participate in this study.

It is important for us to understand how well the WRAP program works in order to know whether it should be tried in more places. If the WRAP program is successful, it can help people reduce their energy costs, increase the value of their homes, and improve their neighborhoods. Your participation will help us determine whether to expand the program.

Your role. We are asking you to allow us to use the information and to sign releases to allow us to get copies of your credit report, utility bills, and homeowner's (or renter's) insurance claims. We will follow-up with a similar questionnaire that will be mailed to you within the next two years. We ask for your name and mailing address so that we can send the follow-up questionnaire to you. **This information will be held in the strictest confidence** and will only be used to send you the follow-up questionnaire.

Your rights.

- You decide whether or not to let us use your information as part of the study, and you can change your mind at any time.
- If you decide not to let us use the information, it will not affect the services that you receive as part of the WRAP program.

Your privacy is important to us.

- We will not reveal your name to any person or organization not connected with this study and will not use your name in any reports that we produce as a result of this study.

Contact information. If you decide at a later date that you do not want the information you give us to be used in this study, please contact Spencer M. Cowan, at The Center for Urban and Regional Studies, Hickerson House, CB# 3410, UNC Chapel Hill, Chapel Hill, NC 27599.

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After reading this page, return to page 1 to answer the two questions.

Revised January 26, 2005

WEATHERIZATION, REHAB AND ASSET PRESERVATION PARTNERSHIP PROGRAM

The Evaluation Process

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Introduction

As part of the Weatherization, Rehab and Asset Preservation Partnership (WRAP) program, the Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill is evaluating the impact of the WRAP program. The two components of the program that differentiate it from other housing programs are that it combines weatherization and rehab funding sources into a single program and that it concentrates its efforts in a single neighborhood. To assess the impact of the program on the participants, the evaluation team will examine how the WRAP program affects their housing costs, energy use, insurance claims, and satisfaction with their houses and neighborhoods. At the neighborhood level, we will examine the impact of the program on property values and the extent of rehab activity throughout the neighborhood. We hope to be able to build a “business case” for the program that will attract continuing funding from the energy, insurance, and mortgage finance industries.

The evaluation will also seek to identify the major facilitators and obstacles to successful program implementation and effective practices in the various tasks involved in offering the program, including partnering with other organizations. The evaluation is an integral part of the program and is intended to inform the participating organizations and help them improve how they are able to deliver program benefits and services to their clients.

The evaluation process takes place throughout the life of the WRAP program and requires that WRAP program staff gather data at several points in time. The schedule for data gathering is determined in two different ways. One, we ask you to gather data at specific events in each participant’s involvement with the WRAP program. This allows us to know about each participant and what the site is doing for him/her at specific points in the program. Two, we ask for other data at specific times, such as in the middle of the calendar quarter. These data are to inform the evaluation team about conditions in the neighborhood and in the comparable neighborhoods.

The initial data gathering occurs when the participant first enters the WRAP program. This involves completing the Intake Questionnaire and asking the participant if he/she is willing to participate in the study. If so, he/she will need to sign releases to allow the evaluation team to obtain utility, insurance, and credit information from existing databases. The Intake Questionnaire and releases are designed to gather the data we need to establish the baseline data from which we will measure the impacts of the WRAP program. Some of the data, such as the breakdown of monthly mortgage payments, relate directly to the impacts we are measuring. Other data, such as those concerning education and health, are to control for factors which research has shown affect a person’s satisfaction with his/her housing and neighborhood. Without those data, we will not be able to distinguish between the impacts of the WRAP program from those that are the result of other factors.

The other events that trigger data gathering are the completion of the Energy Audit, the beginning of construction, and completion of the participant's involvement with the WRAP program. At the time of each of these events, the evaluation team is asking the WRAP counselor to complete a short form to let us know what services the participant has received between the two events.

The timing of the reports serves two purposes. First, it gives the Evaluation Team insight into the process each site is using in providing services under the WRAP program. Second, two of the reports are scheduled at times when other data and documents that the Evaluation Team needs are complete and available. When the Energy Audit is completed and the first Services Provided/Action Taken form is required, you will have the full list of recommended weatherization items. Once you have finished all of the work and provided all of the services that the participant is going to receive under the WRAP program and the third Services Provided/Action Taken form is required, you will have copies of the final work orders and bills showing all the work that was actually performed. To simplify reporting, all data and materials that the sites gather on each participant can be compiled into one package and sent, as hard copy, to the evaluation team after the end of each calendar quarter.

The evaluation team needs the assistance and cooperation of the WRAP program staff in order to gather the data it will use to assess the program. These checklists and instructions were designed to help you understand the questionnaires and our requests for other information. If you have any questions or concerns about what we are asking you to do, please contact the evaluation Project Director:

Spencer M. Cowan
The Center for Urban and Regional Studies
Hickerson House, CB# 3410
The University of North Carolina at Chapel Hill
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tel: 919-843-5122
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email: spencer2@email.unc.edu

Data Collection Schedule:

Some data are to be collected when the client reaches a specific stage in the WRAP program.	
Event	Data and documents to be collected
Intake	<ul style="list-style-type: none"> ● Complete Intake Questionnaire and permission checkoff ● Fill-in and have client sign: <ul style="list-style-type: none"> • Request for ChoicePoint Consumer Report • Customer Authorization for Release of Fuel/Energy Bills • Customer Authorization to Furnish Credit Report ● If fuel oil is used for heat or hot water, obtain two most recent fuel oil bills
Completion of Energy Audit	<ul style="list-style-type: none"> ● Complete Services Provided/Action Taken form ● Complete Property Description form
Beginning of Construction	<ul style="list-style-type: none"> ● Complete Services Provided/Action Taken form
Completion of All WRAP Program Services for Client	<ul style="list-style-type: none"> ● Complete Services Provided/Action Taken form
In addition to the data to be collected at each of the specified events, there are other data that are to be collected periodically.	
Time Period¹	Data and documents to be collected
Quarterly	<ul style="list-style-type: none"> ● Time Audits (performed during the middle month of each quarter)
Semi-annually	<ul style="list-style-type: none"> ● Windshield surveys (done during April and October)

1. All time periods are based on the calendar year. The quarters are Jan. 1 - Mar. 31, Apr. 1 - June 30, July 1 - Sep. 30, and Oct. 1 - Dec. 31. Semi-annual reports are for Jan. 1 - June 30 and July 1 - Dec. 31.

Data Reporting:

All data gathered and forms completed during a given time period, such as a calendar quarter, should be sent in one package to the Evaluation Team within two weeks of the end of the period. For example, materials compiled during the first quarter, January 1 - March 31, should be sent not later than April 14th.

The following is a list of the materials that may need to be included in the package for each reporting period, depending on what has been done during the period:

- Completed **Intake Questionnaires** and permission check-offs
- Completed **Requests for ChoicePoint Consumer Report**
- Completed **Customer Authorizations for Release of Fuel/Energy Bills**
- Completed **Customer Authorizations to Furnish Credit Report**
- Copies of two most recent fuel oil bills for all clients using fuel oil for heat or hot water
- Completed **Services Provided/Action Taken** forms
 - **INITIAL INTAKE TO ENERGY AUDIT**
 - **ENERGY AUDIT TO START OF CONSTRUCTION**
 - **START OF CONSTRUCTION TO COMPLETION OF PROGRAM**
- Completed **Property Description** forms
- Copies of all Energy Audit output reports and recommendations for weatherization and/or rehab
- Copies of all work orders and bills for weatherization and/or rehab work
- Copies of bills for significant expenditures for services provided by third parties to the
 - client as part of the WRAP program (e.g., legal services to clear title)
 - Time audits
 - Windshield surveys (second and fourth quarters only)

Checklists:

Things to do for the Evaluation Team when you first determine that the person applying for assistance from the WRAP Program is eligible for assistance. This is the initial Intake date.

- **Complete the Intake Questionnaire.** There are two ways to handle this Questionnaire. You can 1) give the printed version to the applicant and let him/her fill it out and bring it back to you, or 2) have the applicant fill out the Questionnaire at the initial intake interview. Since the some questions request information that might require the applicant to refer to bills or insurance forms, we recommend that you tell prospective applicants to bring in copies of the bills and gather the other information before coming in to request assistance if you are going to have the applicant fill out the Questionnaire at the interview.

The bills that the applicant will need to complete the Questionnaire are:

- Her/his most recent mortgage statement. If the applicant has more than one mortgage, then she/he should bring in the most recent statement for all mortgages. Remember, a Home Equity Line of Credit is a mortgage, and the applicant should provide you with a copy of the most recent statement for that loan.
- His/her most recent electric bill.
- Her/his most recent gas bill if she/he uses gas for heat and/or hot water.
- The name of his/her Homeowner's Insurance company(ies) and policy numbers for the past three (3) years.
- Have the applicant read the **Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program** sheet.
- After the applicant has read the **Description of the Research Project for Evaluating the Weatherization, Rehab and Asset Preservation Partnership Program**, have the applicant complete the last two questions on the Intake Questionnaire.
- Have the applicant bring in his/her **two most recent fuel oil bills** if he/she uses fuel oil for heat and/or hot water.
- Have the applicant sign the **Request for ChoicePoint Consumer Report**.
- Have the applicant sign the **Customer Authorization for Release of Fuel/Energy Bills** form. If the applicant uses natural gas for heat and/or hot water, have her/him sign two copies, one for each utility.
- Have the applicant sign the **Consumer Authorization to Furnish Credit Report**.

Things to do for the Evaluation Team once you have completed the Energy Audit:

- Complete the **Services Provided/Action Taken: INITIAL INTAKE TO ENERGY AUDIT** form.
- Complete the **Property Description** form.
- Between the completion of the Energy Audit and the reporting date for the calendar quarter, which is two weeks after the end of the quarter, make copies of all Energy Audit output reports and recommendations for weatherization and/or rehab.

Things to do for the Evaluation Team once construction has started:

- Complete the **Services Provided/Action Taken: ENERGY AUDIT TO START OF CONSTRUCTION** form.

Things to do for the Evaluation Team when you have finished providing services under the WRAP program to a client:

- Complete the **Services Provided/Action Taken: START OF CONSTRUCTION TO COMPLETION OF PROGRAM** form.
- Between the time you have finished doing work for or providing services to the client and the reporting date for the calendar quarter, which is two weeks after the end of the quarter, make copies of all work orders and bills for weatherization and/or rehab projects.
- Between the time you have finished doing work for or providing services to the client and the reporting date for the calendar quarter, which is two weeks after the end of the quarter, make copies of bills for significant expenditures for services provided by third parties to the client as part of the WRAP program.

Instructions for the Intake Questionnaire:

FOR BACKGROUND INFORMATION: The questionnaire should be filled out by the householder. The “householder” is the person, or one of the people, in whose name the home is owned, being bought, or rented, or that person’s spouse. The householder must be an adult. For purposes of all questions on all pages, use the same person as “householder.”

1. A person is “in your household” if he/she occupies the housing unit as his/her usual place of residence.

FOR INFORMATION ABOUT MEMBERS OF YOUR HOUSEHOLD:

2. A person has “been diagnosed with elevated levels of lead in the blood” if a doctor, nurse, physician’s assistant, or other health care worker has told the person that her/his lead levels are high. The answer should be NO unless there has been some medical professional’s diagnosis.
3. A person is “disabled” if he/she has a long-lasting physical, mental, or emotional condition. The condition can be one that makes it difficult for the person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. The condition can also be one that impedes the person from being able to go outside the home alone or to work at a job or business.
4. A person is considered working “full time” if she/he usually worked 35 or more hours per week.
5. For education, if the person is currently enrolled in school, mark the response for the previous year, that is the highest grade **completed**. For example, if the person is a senior in High School and will graduate at the end of the academic year, mark “Less than High School graduate.”
6. A person is a “College graduate or higher” if he/she has received at least a Bachelor’s degree. A person with an Associate degree or equivalent should mark “Some college.”
7. A person is a “Full time student” if the school she/he is attending considers her/him “full time.”

FOR HEALTH INFORMATION

8. A medical professional is a person who provides your household members with medical care. For many people, that will be a doctor, nurse, nurse practitioner, or physician’s assistant, depending on where the person goes to get medical care.
9. For an injury to be caused by “the physical condition of the house” it must have been caused by the condition. For example, if a person fell down the stairs because one of the steps was broken or tripped over a loose floorboard, that would

be an injury that was caused by the physical condition of the house. On the other hand, if a person fell off a ladder while cleaning gutters, that would not ordinarily be caused by the physical condition of the house. However, if the ladder slipped because the gutter was rotten and broke, then the injury would be caused by the physical condition of the house.

FOR PROPERTY FINANCIAL INFORMATION:

10. A mortgage is a loan using real property as collateral.
11. Answer with the appraised value if the property has been formally appraised within the past six months. If not, the householder should enter his/her best estimate of the property's current value.
12. The question is to find out the original term or length of the mortgage. Most, but not all, residential mortgages are for a term of 30 years. If the mortgage is a Home Equity Line of Credit, enter NA.
13. If rent is paid other than monthly, calculate the monthly value. For example, if the tenant pays weekly, then multiply that amount by 4.3.
14. "Renter's insurance" is insurance covering the personal property of the tenant. It does not cover the building.

FOR UTILITY INFORMATION:

15. Be consistent in accounting for the time period and amount. If the bill includes a past due amount from an earlier bill, the householder should report only the current period portion of the bill and indicate only the time period for that amount.

FOR INSURANCE AND CLAIMS MADE:

16. The cause of damage would be what caused the harm, either damage to the house or injury to a person, and allowed the householder or the person who was injured to file a claim with the homeowner's insurance company under the homeowner's or renter's policy. For example, if a tree blew over onto the roof during a storm, making a hole in the roof and letting in rain that soaked the room, the claim would be for wind (the tree blowing over) and water (the damage caused by the rain).

FOR SATISFACTION with YOUR NEIGHBORHOOD:

17. The "neighborhood" is whatever the respondent considers his/her "neighborhood." The area might not be the same as the "neighborhood" that your organization is using for purposes of the WRAP program.
18. A relative is any person related to the householder by blood or marriage and whom she/he thinks of as her/his relative. It is not necessarily limited to parents, sisters, and brothers, but could include grandparents, grandchildren, aunts, uncles, and cousins, or even more distant relatives if she/he thinks of them as relatives.

CUSTOMER AUTHORIZATION FOR RELEASE OF FUEL/ENERGY BILLS

Name of HEATING FUEL supplier: _____

Account Number (if Natural Gas): _____

Name of ELECTRIC UTILITY: _____

Account Number: _____

To: HEATING FUEL and ELECTRIC UTILITY suppliers listed above

I hereby authorize you to release information on my fuel/electric bills and usage, both past and future, to the following organization or its designee. This authorization shall apply to bills and usage information for a period from two (2) years prior to the date of this RELEASE to two (2) years after the date of this RELEASE.

Name of Organization: _____

Address: _____
Number and Street City Zip Code

I understand that this information is being made available to help evaluate my energy use patterns in order to identify potential and actual energy savings resulting from work performed or services offered through the Weatherization, Rehab and Asset Preservation (WRAP) program.

Customer Name (print): _____

Address: _____
Number and Street City Zip Code

Customer Signature _____ Date _____

**CUSTOMER AUTHORIZATION TO FURNISH CREDIT AND INSURANCE
REPORTS**

To: Weatherization, Rehab and Asset Preservation Partnership (WRAP) Program

Action Energy

Action for Boston Community Development

Anchorage Neighborhood Housing Services

Chattanooga Neighborhood Enterprise, Inc.

Community Development Corporation of Long Island, Inc.

Community Renewal Team, Inc.

Community Action Council of South Texas

Energy Coordinating Agency

Massachusetts Affordable Housing Association

NHS of Staten Island

Social Development Commission

I hereby authorize and instruct you to provide a copy of my credit report(s) and ChoicePoint Consumer Report of property insurance claims, both current and future, to the Center for Urban and Regional Studies at the University of North Carolina at Chapel Hill. I understand that this information is being made available to the Center for Urban and Regional Studies to help evaluate the impact of the work performed or services offered through the WRAP program on my financial condition and for no other purpose. We will not release any individual's information. Information contained in the reports will only be released as summary statistics, and no individual will be identifiable from those statistics. This authorization shall apply to reports dated within a period from three (3) months prior to the date of this AUTHORIZATION to two (2) years after the date of this AUTHORIZATION.

Customer Name (print): _____

Address: _____
Number and Street City Zip Code

Customer Signature

Date

PROPERTY DESCRIPTION

WRAP ID	Property address:					
Type of building	<input type="checkbox"/> Detached single-family <input type="checkbox"/> Attached single-family <input type="checkbox"/> Two-family, duplex <input type="checkbox"/> Small multi-family (3-4 units) <input type="checkbox"/> Large multi-family (5+ units)		Full basement ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No		
			If there is a full basement, is it finished ¹	<input type="checkbox"/> Completely <input type="checkbox"/> Partially <input type="checkbox"/> Unfinished		
Total number of rooms ¹		Garage ¹	<input type="checkbox"/> Attached <input type="checkbox"/> Detached <input type="checkbox"/> No garage			
Number of bedrooms ¹						
Number of full bathrooms ¹						
Number of half bathrooms ¹		If there is a garage, how many cars will it hold ¹				
Heated living space floor area ²	sq. ft.					
Air conditioned space floor area ²	sq. ft.	If no garage, is there a carport ¹	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Foundation area ²	sq. ft.					
Number of stories with heat and/or air conditioning ²		Parcel area (in either sq. ft. or acres, indicate which) ³	sq. ft. / acres			
Year built ³		Elementary school district ⁴				
Year of last assessment ³		Middle school district ⁴				
Tax assessed value ³		High school district ⁴				
Did you observe any of the following ¹						
<input type="checkbox"/> Lead paint <input type="checkbox"/> Evidence of insect or rodent infestation <input type="checkbox"/> Mold <input type="checkbox"/> Water in the basement						
How would you rate the following [MARK <u>ONE</u> ANSWER IN EACH ROW]		Very Poor	Poor	Fair	Good	Excellent
Overall exterior condition (walls, windows, roof, trim, etc.)						
Overall interior condition (walls, windows, ceilings, staircases, etc.)						
Climate control (heating, ventilation, air conditioning, if any)						
Plumbing (sinks, tubs, showers, toilets, etc.)						
Electrical (lighting, outlets, switches, etc.)						

1. These data can be gathered easily by the person performing the Energy Audit at the same time as he/she is doing the audit.
2. These data are directly from the Energy Audit inputs.
3. The sources for these data will depend on how local government keeps records. . The data may be available online or at the Assessor's Office.
4. These data should be available from the School Board.

Services Provided/Action Taken: **INITIAL INTAKE TO ENERGY AUDIT**

WRAP ID	WRAP Counselor: _____	
When did the person performing the energy audit inspect the premises?		
Which of the following service(s) were provided to members of this household between the time the householder filled out the initial Intake Questionnaire and the date the Energy Audit was performed (check all that apply)		If the service was provided, by whom was this service provided (check all that apply)
Home inspection other than the energy audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization ¹ <input type="checkbox"/> another organization
Credit counseling or other training or assistance to help the household manage its finances in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Credit repair or other assistance to help the household manage pre-existing financial issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Homeownership or other training to help the household preserve or maintain the property after the rehab and weatherization are complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Energy efficiency training to make the household aware of additional ways to conserve energy beyond the savings from the changes the WRAP program is making	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Prepare loan/grant applications and/or pre-qualify the household for funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Pre-approve or select contractors for work to be performed on this property ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Prepare a budget for the rehab and weatherization work to be done	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Social or family services, counseling, or other assistance to deal with personal or family issues (as opposed to financial issues)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Other services provided (please specify): _____		

1. As a guide, an organization is part of “your organization” if it shares operating management and directors and has consistently worked with your organization in a capacity similar to what it is doing within the WRAP program. On the other hand, if both the operating management and board of directors are separate, and if the working relationship between your organizations is only for purposes of the WRAP program, then that would be considered “another organization.”
2. If your organization maintains a list of pre-approved contractors who may work on any project, mark “Yes.”

Revised March 24, 2003

Services Provided/Action Taken: **ENERGY AUDIT TO START OF CONSTRUCTION**

WRAP ID	WRAP Counselor: _____	
When did the weatherization/rehab construction work begin?		
Which of the following service(s) were provided to members of this household between the time the energy auditor inspected the premises and the date that weatherization/rehab construction work began (check all that apply)		If the service was provided, by whom was this service provided (check all that apply)
Credit counseling or other training or assistance to help the household manage its finances in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization ¹ <input type="checkbox"/> another organization
Credit repair or other assistance to help the household manage pre-existing financial issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Homeownership or other training to help the household preserve or maintain the property after the rehab and weatherization are complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Energy efficiency training to make the household aware of additional ways to conserve energy beyond the savings from the changes the WRAP program is making	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Prepare loan/grant applications and/or pre-qualify the household for funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Pre-approve or select contractors for work to be performed on this property ²	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Prepare a budget for the rehab and weatherization work to be done	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Social or family services, counseling, or other assistance to deal with personal or family issues (as opposed to financial issues)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Other services provided (please specify): _____		

1. As a guide, an organization is part of "your organization" if it shares operating management and directors and has consistently worked with your organization in a capacity similar to what it is doing within the WRAP program. On the other hand, if both the operating management and board of directors are separate, and if the working relationship between your organizations is only for purposes of the WRAP program, then that would be considered "another organization."
2. If your organization maintains a list of pre-approved contractors who may work on any project, mark "Yes."

Services Provided/Action Taken: **START OF CONSTRUCTION TO COMPLETION OF PROGRAM**

WRAP ID	WRAP Counselor: _____	
When were the final services provided to the client under the WRAP program completed? ¹		
Which of the following service(s) were provided to members of this household between the time that weatherization/rehab construction work began and the time that the final services provided the client under the WRAP program were completed (check all that apply)		If the service was provided, by whom was this service provided (check all that apply)
Credit counseling or other training or assistance to help the household manage its finances in the future	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization ² <input type="checkbox"/> another organization
Credit repair or other assistance to help the household manage pre-existing financial issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Homeownership or other training to help the household preserve or maintain the property after the rehab and weatherization are complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Energy efficiency training to make the household aware of additional ways to conserve energy beyond the savings from the changes the WRAP program is making	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Social or family services, counseling, or other assistance to deal with personal or family issues (as opposed to financial issues)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> your organization <input type="checkbox"/> another organization
Other services provided (please specify): _____		

1. In many cases, the final inspection and sign-off on the weatherization/rehab construction work will be the last service provided to the client under the WRAP program. However, some services may continue beyond the construction phase, and so the client would still be receiving services. The question is to find out what services were provided to members of households participating in the WRAP program during the term of their participation. The first two sections of this SERVICES PROVIDED/ACTION TAKEN questionnaire covered the periods prior to commencement of construction. This last section is to cover the period from the beginning of construction until the end of the household's involvement with the WRAP program.
2. As a guide, an organization is part of "your organization" if it shares operating management and directors and has consistently worked with your organization in a capacity similar to what it is doing within the WRAP program. On the other hand, if both the operating management and board of directors are separate, and if the working relationship between your organizations is only for purposes of the WRAP program, then that would be considered "another organization."

Revised March 24, 2003

WRAP Monthly Report

GOALS		ACTUALS												
2003	GOALS in UNITS	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total Year to date
Loans	15													
Grants	10													
Education	50													
Inspection	15													
Referrals To other CBOs	10													
Insurance Upgrades	5													
Installed Safety Devices	25													
Referrals To Social Services	15													

Production goals were set based on organization's experience with the marketing and implementation of new programs and services. Once the program starts and neighborhood responses can be properly documented and analyzed, more accurate goals can be set.

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